SERFF Tracking #: CAPC-131485299 State Tracking #:

Company Tracking #: 18-FID-FO-CW-044

State: District of Columbia First Filing Company: Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

Product Name: Fidelity Application & Bond Form Revision

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

Filing at a Glance

Companies: Capitol Indemnity Corporation

Platte River Insurance Company

Product Name: Fidelity Application & Bond Form Revision

State: District of Columbia

TOI: 23.0 Fidelity
Sub-TOI: 23.0000 Fidelity

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: CAPC-131485299

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 18-FID-FO-CW-044

Effective Date 06/15/2018

Requested (New):

Effective Date 06/15/2018

Requested (Renewal):

Author(s): Stephanie Pasker

Reviewer(s): Carmen Belen (primary)

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

State: District of Columbia First Filing Company: Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

Product Name: Fidelity Application & Bond Form Revision

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

General Information

Project Name: Fidelity Application & Bond Form Revision

Status of Filing in Domicile:

Project Name: Fidelity Application & Bond Form Revision

Status of Filing in Domicile:

Project Number: 18-FID-FO-CW-044 Domicile Status Comments: Reference Organization: Reference Number:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/04/2018

State Status Changed: Deemer Date:

Created By: Stephanie Pasker Submitted By: Stephanie Pasker

Corresponding Filing Tracking Number:

Filing Description:

RE: Fidelity Application & Bond Form Revision

Company File #: 18-FID-FO-CW-044

NAIC #: 0501-10472 (CIC), 0501-18619 (PR) FEIN #:39-0971527 (CIC), 56-0997453 (PR)

Capitol Indemnity Corporation and Platte River Insurance Company would like to place on file revisions to our Fidelity applications. We have made the following changes:

- •Header includes company logo and company names
- •Fraud language revised to include all states
- •Signature section revised to be consistent between all Fidelity applications

FAP 001-BSB - Business Service Bond Application

FAP 002-ERISA - ERISA Bond Application

FAP 003-R - Application for Fidelity Forgery Coverages Comp UW & Rating Survey (Renewal)

FAP 005 - Application for a Crime Protection Policy For Mercantile Entities

FAP 006 - Application for a Crime Protection Policy For Public Entities

FAP 007 - Application for Crime Protection Policy Comprehensive Underwriting & Rating Survey

We would also like to place on file a revision to our Employee Dishonesty Bond form, FBD 002-ERISA based off changes the SFAA made to their form.

FBD 002-ERISA - Employee Dishonesty Bond

Thank you for your time and consideration of this filing.

Company and Contact

Filing Contact Information

Stephanie Pasker, Senior Product Analyst spasker@capspecialty.com PO Box 5900 608-829-4856 [Phone]

Madison, WI 53705

State: District of Columbia First Filing Company: Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

Product Name: Fidelity Application & Bond Form Revision

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin

PO Box 5900 Group Code: 501 Company Type:
Madison, WI 53705 Group Name: State ID Number:

(608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Platte River Insurance Company CoCode: 18619 State of Domicile: Nebraska

PO Box 5900 Group Code: 501 Company Type:

Madison, WI 53705 Group Name: State ID Number:

(608) 829-4200 ext. [Phone] FEIN Number: 56-0997453

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia First Filing Company: Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

Product Name: Fidelity Application & Bond Form Revision

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

Form Schedule

Item	Schedule Item	Form	Form	Edition	Form	Form	Action Specific		Readability	
No.	Status	Name	Number	Date	Туре	Action	Data		Score	Attachments
1		Business Service Bond Application	FAP 001- BSB	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 128920743	0.000	FAP 001-BSB (05-18) -
							Replaced Form Number:	FAP 001-BSB (01-13)		Business Service Bond Application.pdf
2		ERISA Bond Application	FAP 002- ERISA	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 128920743	0.000	FAP 002-ERISA (05-18) - ERISA
							Replaced Form Number:	FAP 002-ERISA (01-13)		Bond Application.pdf
3		Application for Fidelity Forgery Coverages Comp	FAP 003-R	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 128920743	0.000	FAP 003-R (05- 18) - Application
		UW & Rating Survey (Renewal)					Replaced Form Number:	FAP 003-R (01- 13)		for Fidelity Forgery Cov Comp UW & Rating Survey (Renewal).pdf
4		Application for a Crime Protection Policy For	FAP 005	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 129545181	0.000	FAP 005 (05-18) - Application for a Crime Protection Policy For Mercantile
		Mercantile Entities					Replaced Form Number:	FAP 005-DC (05-14)		
										Entities.pdf
5		Application for a Crime Protection Policy For	FAP 006	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 129288194	0.000	FAP 006 (05-18) - Application for a
		Public Entities					Replaced Form Number:	FAP 006-DC (12-13)		Crime Protection Policy For Public
6		Application for Crime Protection Policy	FAP 007	(05-18)	ABE	Replaced	Previous Filing Number:	CAPC- 129545181	0.000	Entities.pdf FAP 007 (05-18) - Application for
		Comprehensive Underwriting & Rating					Replaced Form Number:		C Po	Crime Protection Policy
		Survey								Comprehensive UW & Rating Survey .pdf
7		Employee Dishonesty Bond	FBD 002- ERISA	(05-18)	BND	Replaced	Previous Filing Number:	CAPC- 126711757	0.000	FBD 002-ERISA (05-18).pdf
		Dolla					Replaced Form Number:	FBD 002- ERISA (07-10)		

State: District of Columbia First Filing Company: Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

Product Name: Fidelity Application & Bond Form Revision

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

BUSINESS SERVICE BOND APPLICATION

Agency Name:					Agend	y No.			Bond No.				
Business Na	Business Name: (Must be exactly as it is to appear on the bond)												
Phone Num	ber:												
Address:													
	(stree	t)						(city)				(state)	(zip)
Type of Business:													
Amount of Bond \$				Effective Date:				Number			r of Owners:		
Number of Employees: Full Time				Part Time				How long have you been in business?					
Do you inve	_		ployment		Yes	☐ No	lf "l	No", pleas	ѕе ехр	olain:			
Do you perform criminal history background checks on job applicants? Yes No If "No", please explain:													
Have you had a bond with another surety? Have you had a bond with another surety? If "Yes", what is the reason for changing companies? (MO applicants DO NOT answer this question)							nts DO NOT						
Have you ha	Have you had any prior losses of clients' property?												

CONVICTION CLAUSE

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be tried and convicted of the alleged dishonest act in a court of proper jurisdiction before coverage will apply.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may nowhave in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The insured represents that the information furnished in this application and any supplemental application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in the application or otherwise, shallbe grounds for the rescission of any coverage issued on reliance upon such information. Be aware that the underwriting company has relied on your answers in accepting, rating and issuing your policy and where applicable in certain jurisdictions, this application becomes part of the policy issued to the insured as an endorsement.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:					
This	Day of,	Ву:	(Signature)	(Title)				
			(Print Name)					
SUBMITTING	G AGENCY'S INFORMATION							
Contact Name	e:		Phone Number:					
Mailing Addres	ss:							



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

ERISA BOND APPLICATION

Name of Plan(s) (exact name of Plan(s) to be covered)
Address
City State Zip Phone Number ()
1. Is the Plan audited annually by a CPA? ☐ YES ☐ NO
If yes, provide name of the CPA firm
Address City State Zip
2. Does an Independent Administrator service the Plan?
If yes, provide name of Administrator
Address City State Zip
Please note Independent Administrators will not be covered under Bond unless you contact your Branch Office.
3. How many trustees are there for the Plan?
4. Are two signatures required to withdraw from the Plan? YES NO (If no, submit to your Branch Office for underwriting)
5. Who reconciles Plan's bank statement?
6. Who deposits funds in Plan's accounts?
(If the same name is listed in both questions 5 and 6, submit application to your Branch Office for underwriting)
Amount of Bond \$
Qualified Plan Assets \$ Bond amount must be for at least 10% of Qualified Plan Assets. Maximum Bond limit is \$500,000.
Non-Qualified Plan Assets \$ Bond amount must be for 100% of the Non-Qualified Plan Assets.
Premium Basis
Is Inflation Guard Coverage desired?
Please call the Branch Office for Authorization on Bonds over \$100,000.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:						
This	Day of,	Ву:	(Signature)	(Title)					
		((Print Name)						
SUBMITTING AC	GENCY'S INFORMATION								
Contact Name:			Phone Number:						
Mailing Address:									



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

APPLICATION FOR FIDELITY/FORGERY COVERAGES COMPREHENSIVE UNDERWRITING & RATING SURVEY (RENEWAL)

NAMED INSURED:
If ERISA Coverage is needed provide the plan name
INSURED'S ADDRESS:
Are you a Proprietorship 🗌 Partnership 🗌 Corporation 🗌
1. Type of Business:
2. Date Established:
3. What is the total number of Employees? Total number of Officers?
How many employees regularly handle money, securities, or inventory?
How many locations? List other locations on reverse side and advise operation.
4. Amount of EMPLOYEE DISHONESTY COVERAGE Desired? \$ Deductible \$
5. Amount of FORGERY COVERAGE Desired? \$ Deductible \$
6. Effective date of coverage requested, if this application is approved?
7. Coverage is Primary Coverage is excess over company/policy #
INTERNAL CONTROLS:
8. Is an audit performed each year ? YES \square NO \square Prepared by CPA \square INHOUSE \square
If CPA prepared, Is it an Audit ☐ Review ☐ Compilation ☐
9. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?
10. How Often?
11. Will all checks issued by the Insured be countersigned?
If no, who signs (advise name and position)
PRESENT COVERAGE:
12. List all fidelity, and forgery coverages now carried: Check if none
<u>Coverage</u> <u>Limit of Liability</u> <u>Name of Insurer</u> <u>Policy Number</u>
LOSS EXPERIENCE:
13. List all employee dishonesty losses in the last three (3) years, itemizing each loss separately:
Check if none
<u>Date of Loss</u> <u>Amount</u> <u>Description</u> <u>Precautions Taken to Prevent Repetition</u>

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:		
This	Day of,	Ву:	(Signature)	(Title)	
			(Print Name)		
SUBMITTING	G AGENCY'S INFORMATION				
Contact Name): 		Phone Number:		
Mailing Addres	s:				



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

APPLICATION FOR A CRIME PROTECTION POLICY FOR MERCANTILE ENTITIES Named Insured: (Please list all insured's, including Employee Benefit Plans)

Principal Address:				
City, State, Zip				
Policy Coverage offered:	Crime Protection Policy for	or Mercantile Entities, <i>L</i>	oss Sustained Form	
Primary, excess, contributing	with:			
INSURIN	IG AGREEMENTS, LIMITS	OF INSURANCE AND	DEDUCTIBLES	
INSURING AGREEMENT		Limit of Insura	nce Deductible A	mount
1. Employee Dishonesty		\$	\$	
Forgery or Alteration		\$	\$	
3. Inside the Premises		\$	\$ \$	
4. Outside the Premises		\$	\$ \$	
Computer Fraud		\$		
Money Orders and Counted Insuring Agreements ad		\$	\$	
7. Loss of Clients' Property	(SE 00 48, FEN 004)	\$	\$	
8. Funds Transfer Fraud (SE	E 00 41)	\$	\$ \$ \$	
Fraudulently Induced Trar	,	\$	\$	
10. ERISA Dishonesty Covera	age (SE 01 71)	\$	\$	
To become effective or to be co			to 12:01 a.m. on	
1. DESCRIPTION OF YOU				
(a) Type of business (check	appropriate box):			
	artnership	on 🗌 Other 🗌 If	other, explain	
(b) Date your business was	·	o		
(c) Classify your predominar		below)		
☐ Manufacturer ☐	Processor Wholesale	er Distributor	Retailer Servicer	Other
(d) Describe the products or	services of your predominal	nt business or activity:	_	_
(e) Has there been any char If "Yes", explain		ment within the past thr	ee years?	☐ No
2. RATING DATA FOR INS				
Insuring Agreements 1, 2				
Classification of Employee		# o	f Employees	
Insuring Agreement 7			· · ·	
	ees who handle, have custo	dy of, maintain records	of or have access to mone	y, securities
or other property owned by				
Insuring Agreements 3 and (a) Indicate the number of I				
(b) Indicate the number of (
(c) Do guards accompany			Yes □	No 🗌
(d) Are your premises secu			Yes	No 🗆
(e) Are your premises secu			Yes	No 🗆
Please provide details:	, .,			

` '	used at all location	S?			Ì	Yes _	_ No	Ш
	orovide details:	been taken to provid	de physical protection	on (private cor	Nevanc	a massan	ner hans s	eafe
	Armored Car, etc.)?		de priysical protection	Un (private coi	Iveyanc	e, messen		<u></u>
3. AUDIT PR	OCEDURES							
(a) Is there a	an audit by a CPA,	public accountant, i	ndependent of your	organization?		Yes	☐ No	
If "Yes",	how often (checkth	ne appropriate box):	☐ Quarterly	y 🗆	Semi-	Annually	Annı	ually
(b) Name ar	nd address of perso	n performing audit:						
(c) Are all lo	cations audited?					Yes	☐ No	
(d) Is the au	dit in compliance w	ith generally accept	ed auditing standar	ds and so cert	ified?	Yes	☐ No	
☐ Othe	er, Explain	of services (check th		Revie	<i>N</i> [☐ Compi	lation	
(e) Is the rep	oort rendered direct	tly to the Owner, Par	rtners or Directors?			Yes	☐ No	
(f) Date of o	completion of last a	udit of: Cash and A	ccounts		Inver	ntory		
	•	oose practices com e auditor's commen	•	audit?		☐ Yes	☐ No	
(h) Is there	an internal audit by	an Internal Audit D	epartment under the	e control of an	employ ⁶	ee who is	a Certified	
	ccountant or equiva					Yes	☐ No	
		dered directly to the				Yes	☐ No	
* If co	overage desired	is at \$250,000 ple	ease submit a co	py of the an	nual fil	nancial r	eport	
4. INTERNAL	L CONTROLS							
(a) Are bar	k accounts reconc	iled monthly?				☐ Yes	s 🗌 No)
(b) Are bar	k accounts reconc	iled by someone not	authorized to depo	sit or withdraw	<i>ſ</i> ?	☐ Yes	s 🗌 No)
If "No",	explain							
, ,	tersignature of all c what amount? \$	hecks required?				☐ Yes	s No)
(d) Do vou	have (use) funds tr	ansfer transactions	(i.e. Wire Transfers.	ACH. EFT. etc.)	?	☐ Yes	s 🗌 No)
· ,	, ,	ds transfer transacti	•	, , , , , , , , , ,				
		neone not authorize		e or handle the	em?	Yes	s No	
	•	itation accompany a	• • •			☐ Yes	_	
If "No",	• •	, , ,	3			_		
	maintain a list of ap	proved vendors?				Yes	s No)
` '	•	e joint control of two	or more employees	s?		Yes		
· • ·	-	ed to take at least 1			on?	☐ Yes		
		es for new employe						
	•							
5. PRIOR IN					0 (110			-
		been declined or ca		ast three year	s? (MO	applicant	is DO NO I	l
	this question)	☐ Yes ☐ N	NO					
	, explain:	raadad	Ch	eck here if nor		1		
(b) Phorins	surance to be supe	rseaea	Ch	eck nere ii nor	ie _	J		
Policy	Discovery or	Effective	Expiration	Limit o	f	Name	of Insuran	се
Number	Loss Sustained	d Date	Date	Insuran	се	C	ompany	
covered by	elow all losses sus an Insuring Agree	tained during the p ment you are now a						been
Check her								
Date of	Type of loss	Amount Recovere				unt of	Location	
Loss		From Insurance	Other than I	nsurance	Loss	Pending	Loss	j
* 15		44-al ·		4-11 4"			<u> </u>	
" It more th	an 2 Iosses, pleas	e attach a separate	e sneet with full de	etaiis as outlir	ned abo	ove.		

FAP 005 (05-18)

Page 2 of 4

7. GENERAL INFORMATION

Business Hours	Average # of Employees on Duty	Frequency of Deposits	Night Depository Used?	Annual Gross Sales or Receipts for Last fiscal year.	Other Information

8. COVERAGE AMENDMENTS

(a) Insuring Agreement 1

(ω)	If i	nsurance is desired on any of your appointed Agents , who forming any act or service in connection with the ordinary co						
		Names, Addresses of each Agent:	Type of prov			\$	L	imit of Insurance
	_					\$_		
(b)	Ins	uring Agreement 2						
	(1)	nsurance is desired, complete the following: Credit, Debit or Charge Card Instruments: Covered Instruments (check the appropriate box): include or are limited to Credit, debit or charge cards	٨	NO. (of Cardho	olders:		Limit of Insurance:
		Issued to you or any employee for business purposes					\$	
	(2) F	Personal Accounts of your officers or partners:						
		<u>Name(s)</u>					\$	
_							\$	
_							\$	
(c)	Ins	uring Agreements 3 and 4						
` '	Inc	reased or Reduced Limits		Lim	nit of Insu	<u>rance</u>	<u>S</u>	Specified Period
	(a)	If an increased limit is desired for a specified period, indicating and Insuring Agreement 3 (Inside the Premises)	ate:	\$				
		Insuring Agreement 4 (Outside the Premises)		\$				
	(b)	If a decreased limit is desired while the business is closed and a custodian is not on duty, indicate Overnight Limit		\$				
	(c)	If a reduced limit is desired for designated premises, mess or armored motor vehicle companies, complete the following		~			_	

Address of Premises	Names of Messengers	Names of Armored Motor Vehicle Companies	Limit of Insurance
	_		

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:	
This	Day of,	Ву:	(Signature)	(Title)
			(Print Name)	
SUBMITTING	AGENCY'S INFORMATION			
Contact Name:			Phone Number:	
Mailing Address	:			

Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

APPLICATION FOR A CRIME PROTECTION POLICY FOR PUBLIC ENTITIES Named Insured: **Principal Address:** Policy Coverage offered: Crime Protection Policy for Public Entities, Loss Sustained form This policy will be Primary Excess If EXCESS, enter Primary Policy # and carrier: INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES INSURING AGREEMENTS Limit of Insurance **Deductible Amount Employee Dishonesty** \$ \$ \$ \$ Per Employee (Up to \$25,000) Forgery or Alteration \$ \$ \$ \$ 3. Inside the Premises Outside the Premises \$ \$ \$ Computer Fraud \$ Money Orders and Counterfeit Paper Currency \$ Insuring Agreements added by Endorsement \$ \$ 7. Loss of Clients' Property (SE 00 48, FEN 004) 8. Funds Transfer Fraud (SE 00 41) \$ \$ \$ \$ 9. Fraudulently Induced Transfers (SE 01 67) \$ ERISA Dishonesty Coverage (SE 01 71) To become effective or to be continued as of 12:01 a.m. on to 12:01 a.m. on Premium is payable: Annually If this insurance indemnifies an Obligee other than the Named Insured, list below the Obligee name and address: **DESCRIPTION OF YOUR ORGANIZATION:** (a) Is your organization a part of the government of the (check the appropriate box): State \square , County \square , City \square , Town \square Township ☐, Village ☐, Borough ☐, Other Political Subdivision ☐ _____ No 🗌 RATING DATA FOR COVERAGE FORMS 1, 2, 5 AND 7 Persons required by law to be individually bonded and treasurers or tax collectors by whatever title known, are excluded from coverage under Insuring Agreement 1. (a) Classification of Employees: Enter the number total number of all your employees (excluding those that are required by law to be individually bonded): (b) If Faithful Performance of Duty Coverage is desired, enter the number of your Patrolmen/Women: (c) If Agreement 7 is desired, please provide the number of employees who handle, have custody of, maintain records of, or have access to, money, securities or other property **owned by your clients**. 3. RATING DATA FOR INSURING AGREEMENTS 3 AND 4 (a) Indicate the number of locations (b) Indicate the number of outside messengers Yes ☐ No ☐ (c) Do guards accompany each messenger? (d) Are your premises secured by watchpersons? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) (e) Are your premises secured by an alarm system? Yes ☐ No ☐ If Yes, provide details (f) Is a safe used at all locations? Yes ☐ No ☐ If yes, provide details (g) What other measures have been taken to provide physical protection (private conveyance, messenger bags, safe alarms, etc.)?

(a)	DIT PROCEDURES Is there an audit by	-	accountant or equiv	valent inder	oendent of	vour o	rganization?			
	Yes No	a 01 7 % pablic c	toodamant or oquit	alorit, iriao	3011G011t G1	you. o.	garii Zatiori .			
	If "Yes," how often (check the appr	opriate box):	Quarte	rly□,	Semi-	-Annually □,	Anr	nually□	
(b)	Name and Address		•		-		,		•	
(c)	Are all locations aud								Yes 🗌	No 🗌
(d)	Is the audit made in	accordance w	ith generally accept	ted auditing	standard	s and s	o certified?	Yes 🗌 No		
	If "No," explain the s	cope of the aud	dit							
(e)	Is the audit report re	7								No 🗆
	If "Yes," to whom ar									
(f)	Date of completion									
(g)	Were any discrepar If "Yes," submit a co				nted upon	in the a	udit?		Yes ∐	No 🗀
(h)	Is there an internal a public accountant o	r equivalent?								No 🗌
	If "Yes," to whom ar	e the reports re	endered?							
INTE	ERNAL CONTROLS	(OTHER THA	N AUDIT PROCEI	OURES):						
(a)	Are bank accounts	reconciled mor	ıthly?						Yes 🗌	No 🗌
(b)	Are bank accounts	reconciled by s	omeone not author	ized to dep	osit or wit	hdraw?			Yes 🗌	No 🗌
	If "No," explain: Is countersignature		. 10						V 🗆	
(c)									Yes ∐ ∣	Vo □
	If "No," explain:									
(d)	Does supporting do			•					Yes 🗌 N	lo 🗆
(-)									V \ \	<u>. </u>
(e)	Are securities subjet ff "No," explain:			=					res 🗆 r	<u>—</u>
(f)	Explain your screen	ing procedures	for new employee	s						
	OR INSURANCE:									
_	Has any similar insu		clined or cancelled	during the	past three	e yearsî	? (MO appli	cants DO N	NOT answ	er this
	Has any similar insu question)Yes		clined or cancelled	during the	past three	e years?	? (MO appli	cants DO N	NOT answ	er this
	Has any similar insu		clined or cancelled	I during the	past three	e years?	? (MO appli	cants DO N	NOT answ	er this
	Has any similar insu question)Yes	s No No								er this
(a)	Has any similar instruction)Yes	s No	was:						none 🗌	
(a)	Has any similar instruction)Yes	s No No	was: Effectiv	ve E	xpiration		Limit of	Check if	none □ Name of	
(a)	Has any similar instruction question)Yes If "Yes," explain	e superseded	was: Effecti	ve E				Check if	none 🗌	
(a)	Has any similar instruction question)Yes If "Yes," explain	e superseded Policy form Discover	was: Effecti	ve E	xpiration		Limit of	Check if	none □ Name of	
(a) (b)	Has any similar insi question)Yes If "Yes," explain Prior insurance to b Policy Number	e superseded Policy form Discover	was: Effecti	ve E	xpiration	In	Limit of	Check if	none □ Name of	
(a) (b)	Has any similar insi question)	e superseded Policy form Discover Loss Susta	was: ry? Effecti Date	ve E	xpiration Date	In	Limit of surance	Check if	none Name of rance Con	npany
(a)	Has any similar insi question)Yes If "Yes," explain Prior insurance to b Policy Number	e superseded Policy form Discover Loss Susta s sustained dur f the premises	was: ry? ined? Effectiv Date	ve E	xpiration Date	In \$	Limit of surance	Check if	none Name of irance Con	npany ft of mon
(a)	Has any similar insi question)Yes If "Yes," explain Prior insurance to b Policy Number OR LOSSES: List below all losses securities on or of Check if n	Policy form Discover Loss Susta	was: ry? ined? Effectiv Date	ve E	xpiration Date were causefeit currer	lr \$	Limit of surance employee diease list all	Insustance of the control of the con	none Name of strance Cor	npany ft of monoursed of
(a)	Has any similar insi question)Yes If "Yes," explain Prior insurance to b Policy Number OR LOSSES: List below all losses securities on or of	e superseded Policy form Discover Loss Susta s sustained dur f the premises	was: ry? ined? Effectiv Date	ve E years that or counter	xpiration Date	lr \$	Limit of surance	Insustance of the covered er than	Name of prance Corrections the state of the	npany ft of mon
(a)	Has any similar insiguestion)Yes If "Yes," explain Prior insurance to be Policy Number OR LOSSES: List below all losses securities on or of Check if no Date of	Policy form Discover Loss Susta	was: ry? ined? Effective Date ring the past three s, computer fraud Amount of	ve E years that or counter	xpiration Date were cause feit currer	sed by:	Limit of isurance employee di ease list all Amount Refrom othe	Insustance of the covered er than	Name of prance Corrections the state of the	npany ft of monoursed of

8. COVERAGE AMENDMENTS (ENDORSEMENTS)

INSURING AGREEMENT 1

	Agents Coverage	e:
--	-----------------	----

Capacity in Which Each Agent Se	rves:		<u>Limit of Insurance</u> \$	
			 \$	
* If more than two agents, attac	h a separate sheet to p	rovide the details.	<u> </u>	
INSURING AGREEMENT 3 and 4:				
(a) Peak Season:				
1) If an increased limit is desired	or a specified period, inc	licate:		
	Increased Limit Sp	ecified Period (mm/d	ld/yy)	
	Of Insurance	Start Date:	End Date:	
Insuring Agreement 3	Of Insurance \$	Start Date:	End Date:	
0 0	Of Insurance \$ \$	Start Date:	End Date:	
Insuring Agreement 3 Insuring Agreement 4 2) If a decreased limit is desired was a second sec	\$ \$	<u> </u>		
Insuring Agreement 4	\$ \$	<u> </u>		

Address of Premises	Insuring Agreement 3 Limit of Insurance	Insuring Agreement 4 Limit of Insurance	Number of Armored Motor Vehicles	Number of Messengers

The present officials/officers and employees of the Insured, in the positions held, as shown herein, have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:		
This	Day of,	Ву:	(Signature)	(Title)	
		,	(Print Name)		—
SUBMITTING	AGENCY'S INFORMATION	N			
Contact Name	: <u> </u>		Phone Number:		
Mailing Address	s:				



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

APPLICATION FOR CRIME PROTECTION POLICY

COMPREHENSIVE UNDERWRITING & RATING SURVEY

Na	med Insured:	
Pri	ncipal Address:	
Ро	icy Coverage offered: Crime Protection Policy for Public Entities, Loss Sustained form	
Th	is policy will be Primary 🗌 Excess 🔲 If EXCESS, enter Primary Policy # and carrier:	
1.	OPERATIONS: Public Entities: Are you a: State County City/Town Other Political Subdivision Mercantile Entities: Are you a: Corporation Partnership Individual 1. Type of Operation/Business Description: 2. Date Established:	
2.	INTERNAL CONTROLS:	
	1. Is an audit performed each year? YES ☐ NO ☐ **How Prepared?** In-House ☐ Independent CPA ☐ **Scope?** Audit ☐ Review ☐ Compilation ☐	
	If coverage desired is at \$250,000; please submit a copy of the annual financial report.	
	2. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? YES NO How Often?	
	3. Will all checks issued by the insured be countersigned? YES ☐ NO ☐ If no, who signs? (Name and position)	
	4. Prior Insurance? YES NO Name of carrier if "Yes":	
	5. Prior Losses? YES NO If Yes, Amount: \$ (attach details of loss)	
	6. Do you have (use) funds transfer transactions (i.e. Wire Transfers, ACH, EFT, etc.)? YES NO If "Yes", how often are funds transfer transactions reconciled?	
	Are they reconciled by someone not authorized to approve, initiate or handle them? 7. Does supporting documentation accompany all checks to be signed? YES NO YES NO NO If "No", Explain:	
	8. Are your employees required to take at least 1 or 2 consecutive weeks of vacation? YES NO	
3.	INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:	
	Insuring Agreement Limit of Insurance Deductible Amount Employee Dishonesty \$ \$ Forgery or Alteration \$ \$ Loss of Clients' Property \$ \$	
4.	RATING DATA:	
	1. Enter the # of: Officers/Officials: Employees, other than Officers/Officials:	
	2. Enter the # of employees that have cutody of, or access to, property of your clients:	
5.	For PUBLIC ENTITY Insureds:	
	PLEASE NOTE: Persons required by law to be individually bonded and Treasurers and Tax Collectors by whatever title known <u>are excluded from coverage</u> under Employee Dishonesty.	
	1. Is Faithful Performance of Duty Coverage desired? If "YES", enter the number of your Patrolmen/women:	

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

APPLICABLE IN: AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:	Insured:	
This, Day of, By	/: (Signature)	(Title)
	(Print Name)	
SUBMITTING AGENCY'S INFORMATION		
Contact Name:	Phone Number:	
Mailing Address:		

<Company Name>

Mailing Address: P.O. Box 5900, Madison, WI 53705-0900

EMPLOYEE DISHONESTY BOND

as required by The Employee Retirement Income Security Act of 1974 (ERISA) as amended

DECLA	ARATIONS					
_	Name of Employee Bene	fit Plans:				
		(HEREI	N CALLED THE INSURED)			
	Principal Address:					
		(NUMB	ER, STREET)			
		(CITY, S	STATE, ZIP)			
Item 1a	a. Plan Sponsor:					
		(HEREI	N CALLED THE INSURED)			
	Plan Sponsor Address:	(1111111)	ED OTDEET'			
		(NUMB	ER, STREET)			
		(CITY, S	STATE, ZIP)			
Item 2.	Bond Period: From 12:01 of the cancellation or terr	A.M. on the	day of d, standard time at the Pri	, to 12:01 A.M. on the effective da incipal Address as to each of said dates.	ıte	
Item 3	Limit of Liability:			Dollars (\$	١	
nom o.		(MA>	(IMUM LIMIT IS \$500,000)	Βοιιαίο (ψ	_ /·	
	Plan that is equal to subject, however,	o or greater than th to the Non-Cumul	at required under ERISA,	ception of this policy, you have a Limit of Liability for you, we agree to automatically increase that Limit of Liabiling 9 of the GENERAL CONDITIONS, and subject to NO	ity,	
Item 4.	The liability of the Under	writer is subject to t	he terms and conditions h	ereby attached.		
Item 5.	No.(s). Such terminati coverage in this bond r	on or cancellation eplaces coverage i	to be effective as of the n other bonds terminating	erwriter terminating or cancelling prior bonds or policy(is time this bond becomes effective. To the extent the gon the inception date of this bond, coverage under the trated.	hat	
Item 6.	 bond shall not become effective until such other coverage has terminated. In compliance with certain provisions of the Employee Retirement Income Security Act (ERISA): 1. Covered person means any natural person who is a. a trustee, officer, employee, administrator or manager, except an administrator or manager who is an independent contractor, of any employee benefit plan(s) insured under this insurance; or b. a director, officer, employee or trustee of the Plan Sponsor, but only while that person is handling money, securities or other property of an employee benefit plan insured under this insurance; 					
Item 7.	b. Of commingled that arises out	wo or more Plans o I funds or other pro of one "occurrence	r perty of two or more Plans ", is to be shared by each		unt	

Item 8. Certain Computer Errors: loss, or any part thereof, resulting directly from the failure of any computer, computer system or component thereof, embedded chip, microprocessor, or similar electronic device correctly to recognize, interpret or accept a date which is subsequent to December 31, 1999 or accurately to process data or perform any other function because of such a failure. This exclusion applies without regard to ownership of the computer, computer system, chip, microprocessor or similar device; whether or not another cause or event also contributed to the loss; and to the cost of any test, diagnosis, repair, advice, design, or re-programming to discover, guard against or correct such a failure. Provided, however, that this Exclusion shall not apply to any loss or part thereof as to which You can establish coverage under employee dishonesty and the amount of the loss, without reliance upon such a failure.

			ective at the time this policy becomes effective.
SIGNED AND DATED THIS	DAY OF		, ·
Underwriting Service Office Address: <service location="" office=""></service>		BY:	Signature of Authorized Representative
			Print or Type Name of Authorized Representative

Power of Attorney is not required to execute this bond.

To be attached to and form a part of an Employee Dishonesty Bond as required by The Employee Retirement Income Security Act of 1974 (ERISA).

INSURING AGREEMENT

FRAUD OR DISHONESTY

We will pay for loss of money, securities or other property resulting directly from fraud or dishonesty committed by a covered person.

GENERAL AGREEMENTS

CONSOLIDATION-MERGER

A. If, through consolidation or merger with, or purchase of assets of, some other concern, any person shall become Employees, the Insured shall give the Underwriter written notice thereof and shall pay an additional premium computed pro rata from the date of such consolidation, merger or purchase to the end of the current premium period.

JOINT INSURED

B. If more than one Insured is covered under this Bond, the Insured first named shall act for itself and for every other Insured for all purposes of this Bond. Knowledge possessed or discovery made by any Insured or by any partner or officers thereof shall, for the purposes of Section 6, 7 and 12, constitute knowledge possessed or discovery made by every Insured. Cancellation of the insurance hereunder as respects any Employee as provided in Section 12 shall apply to every insured. If, prior to the cancellation or termination of this Bond in its entirety, this Bond is cancelled or terminated as to any Insured, there shall be no liability for any loss sustained by such Insured unless discovered within one year from the date of such cancellation or termination. The liability of the Underwriter for loss sustained by any or all of the Insured shall not exceed the amount for which the Underwriter would be liable had all such loss been sustained by any one of the Insured. Payment by the Underwriter to the Insured first named of any loss under this Bond shall fully release the Underwriter on account of such loss. If the Insured first named ceases for any reason to be covered under this Bond, then the Insured next named shall thereafter be considered as the Insured first named for all purposes of this Bond.

LOSS UNDER PRIOR BOND OR POLICY

- C. If the coverage of this Bond is substituted for any prior bond or policy of insurance carried by the Insured or by any predecessor in interest of the Insured, which prior bond or policy is terminated, cancelled or allowed to expire as to the time of such substitution the Underwriter agrees that this Bond applies to loss which is discovered as provided in Section 1 of the Conditions and Limitations and which would have been recoverable by the Insured or such predecessor under such prior bond or policy except for the fact that the time within which to discover loss thereunder has expired; provided:
 - (1) the indemnity afforded by this General Agreement C shall be a part of and not in addition to the amount of insurance afforded by this Bond.
 - (2) such loss would have been covered under this Bond had this Bond with its agreements, limitations, and conditions as of the time of such substitution been in force when the acts or defaults causing such loss were committed; and
 - (3) recovery under this Bond on account of such loss shall in no event exceed the amount which would have been recoverable under this Bond in the amount for which it is written as of the time of such substitution, had this Bond been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond or policy had such prior bond or policy continued in force until the discovery of such loss, if the latter amount be smaller.

THE FOREGOING INSURING AGREEMENT AND GENERAL AGREEMENTS ARE SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

BOND PERIOD, TERRITORY, DISCOVERY

Section 1. Loss is covered under this Bond only if discovered not later than one year from the end of the Bond Period. This policy covers only acts committed or events occurring within the United States of America.

Subject to General Agreement C, this Bond applies only to loss sustained by the Insured through fraudulent or dishonest acts committed during the Bond Period by any of the Employees engaged in the regular service of the Insured within any of the States of the United States of America, the District of Columbia, Virgin Islands, Puerto Rico, Canal Zone or Canada or while such Employees are elsewhere for a limited period.

EXCLUSION

Section 2. This Bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation: provided, however, that this paragraph shall not apply to loss of money or other property which the Insured can prove, through evidence wholly apart from such computations, is sustained by the Insured through any fraudulent or dishonest act or acts committed by any one or more of the Employees. This Bond does not apply to the defense of any legal proceeding brought against the Insured or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceeding whether or not such proceeding results or would result in a loss to the Insured covered by this Bond.

DEFINITION OF EMPLOYEE

Section 3. As used in this Bond, "Employee" means any natural person (except a director or trustee of the Insured, if a corporation, who is not also an officer or employee thereof in some other capacity), while in the regular service of the Insured in the ordinary course of the Insured's business during the Bond Period and whom the Insured compensates by salary, wages or commissions and has the right to govern and direct in the performance of such service, but does not mean any broker factor, commission merchant, consignee, contractor or other agent or representative of the same general character. The words "while in the regular service of the Insured" shall include the first 30 days thereafter; subject, however, to Section 12 and 13.

LOSS CAUSED BY UNIDENTIFIABLE EMPLOYEES

Section 4. If a loss is alleged to have been caused by the fraud or dishonesty of any one or more of the Employees and the Insured shall be unable to designate the specific Employee or Employees causing such loss, the Insured shall nevertheless have the benefit of this Bond subject to the provisions of Section 2 of this Bond, provided that the evidence submitted reasonably proves that the loss was in fact due to the fraud or dishonesty of one or more of the said Employees, and provided, further, that the aggregate liability of the Underwriter for any such loss shall not exceed the amount stated in Item 3 of the Declarations.

OWNERSHIP OF MONEY OR OTHER PROPERTY

Section 5. The Insured property may be owned by the Insured, or held by the Insured in any capacity whether or not the Insured is liable for the loss thereof, or may be property as respects which the Insured is legally liable.

PRIOR FRAUD, DISHONESTY OR CANCELLATION

Section 6. The coverage of this Bond shall not apply to any Employee from and after the time that the Insured or any partner or officer thereof not in collusion with such Employee shall have knowledge or information that such Employee has committed any fraudulent or dishonest act in the service of the Insured or otherwise, whether such act be committed before or after the date of employment by the Insured.

If, prior to the issuance of this Bond, any fidelity insurance in favor of the Insured or any predecessor in interest of the Insured and covering one or more of the Insured's Employees shall have been cancelled as to any of such Employees by reason of the giving of written notice of cancellation by the insurer issuing such fidelity insurance, whether the Underwriter or not, and if such Employees shall not have been reinstated under the coverage of such fidelity insurance or superseding fidelity insurance, the Underwriter shall not be liable on account of such Employees unless the Underwriter shall agree in writing to include such Employees within the coverage of this Bond.

LOSS - NOTICE - PROOF - ACTION AGAINST UNDERWRITER

Section 7. Upon knowledge or discovery of loss under this Bond, the Insured shall (a) give notice thereof as soon as practicable to the Underwriter or any of its authorized agents, and (b) file detailed proof of loss, duly sworn to, with the Underwriter within four months after the discovery of loss.

Upon the Underwriter's request, the Insured shall produce for the Underwriter's examination all pertinent records, at such reasonable times and places as the Underwriter shall designate, and shall cooperate with the Underwriter in all matters pertaining to loss or claims with respect thereto.

No action shall lie against the Underwriter unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this Bond, nor until ninety days after the required proofs of loss have been filed with the Underwriter, nor at all unless commenced within two years from the date when the Insured discovers the loss. If any limitation of time for notice of loss or any legal proceeding herein contained is shorter than that permitted to be fixed by agreement under any statute controlling the construction of the Bond, the shortest permissible statutory limitation of time shall govern and shall supersede the time limitation herein stated.

RECOVERIES

Section 8. If the Insured shall sustain any loss covered by this Bond which exceeds the amount of indemnity provided by this Bond, the Insured shall be entitled to all recoveries (except from suretyship, insurance, reinsurance, security or indemnity taken by or for the benefit of the Underwriter) by whomsoever made, on account of such loss under this Bond until fully reimbursed, less the actual cost of effecting the same, and any remainder shall be applied to the reimbursement of the Underwriter.

LIMITS OF LIABILITY

Section 9. Indemnification by the Underwriter for any loss under this Bond shall not reduce the Underwriter's liability for other losses under this Bond whenever sustained. The Underwriter's total liability under this Bond for any loss caused by any Employee or in which such Employee is concerned or implicated is limited to the amount stated in Item 3 of the Declarations.

Regardless of the number of years this Bond shall continue in force and the number of premiums which shall be payable or paid, the limit of liability stated in Item 3 of the Declarations shall not be cumulative from year to year or period to period.

LIMIT OF LIABILITY UNDER THIS BOND AND PRIOR INSURANCE

Section 10. With respect to loss caused by any Employee or in which such Employee is concerned or implicated or which is chargeable to any Employee as provided in Section 4 and which occurs partly during the Bond Period and partly during the period of other bonds or policies issued by the Underwriter to the Insured or to any predecessor in interest of the Insured and terminated or cancelled or allowed to expire and in which the period for discovery has not expired at the time any such loss thereunder is discovered, the total liability of the Underwriter under this Bond and under such other bonds or policies shall not exceed, in the aggregate, the amount stated in Item 3 of the Declarations or the amount available to the Insured under such other bonds or policies, as limited by the terms and conditions thereof, for any such loss, if the latter amount be the larger.

OTHER INSURANCE

Section 11. If there is available to the Insured any other insurance or indemnity covering any loss covered by this Bond, the Underwriter shall be liable hereunder only for that part of such loss which is in excess of the amount recoverable or recovered from such other insurance or indemnity.

CANCELLATION AS TO ANY EMPLOYEE

Section 12. This Bond shall be deemed cancelled as to any Employee (a) immediately upon discovery by the Insured, or by any partner or officer thereof not in collusion with such Employee, or any fraudulent or dishonest act on the part of such Employee; or (b) at 12:01 A.M. standard time as aforesaid, upon the effective date specified in a written notice mailed to the Insured. Such date shall be not less than fifteen days after the date of mailing. The mailing by the Underwriter of notice as aforesaid to the Insured at the address shown in this Bond shall be sufficient proof of notice. Delivery of such written notice by the Underwriter shall be equivalent to mailing.

CANCELLATION OF BOND

Section 13. The First Named Insured shown in item 1 may cancel this bond by mailing or delivering to us advance written notice of cancellation. We may cancel this bond by mailing or delivering to the First Named Insured shown in item 1 written notice of cancellation at least 10 days before the cancellation date if for non-payment of any premium due to us or 75 days before the effective date of cancellation but in no event less than the minimum Statutory time permitted by State Law. We will mail or deliver our notice to the First Named Insured's last mailing address known to us. Notice of cancellation will state the effective date of cancellation. The Bond Period will end on that date. If this bond is cancelled, we will send the First Named Insured any premium refund due calculated on a pro rata basis, but always subject to a minimum premium. If notice is mailed, proof of mailing will be sufficient proof of notice.

In witness whereof, the Underwriter has caused this Bond to be executed on the Declaration page.

SERFF Tracking #:	CAPC-131485299	State Tracking #:	Company Tracking #:	18-FID-FO-CW-044

First Filing Company:

Capitol Indemnity Corporation, ...

TOI/Sub-TOI: 23.0 Fidelity/23.0000 Fidelity

State:

Product Name: Fidelity Application & Bond Form Revision

District of Columbia

Project Name/Number: Fidelity Application & Bond Form Revision/18-FID-FO-CW-044

Supporting Document Schedules

Readability Certificate
n/a
Copy of Trust Agreement
n/a
Consulting Authorization
n/a
Side by Side
FAP 007-DC Side by Side.pdf FBD 002-ERISA Side by Side.pdf FAP 001-BSB Side by Side.pdf FAP 002-ERISA Side by Side.pdf FAP 002-ERISA Side by Side.pdf FAP 003-R Side by Side.pdf FAP 005-DC Side by Side.pdf FAP 006-DC Side by Side.pdf

Company Name>
Service Office Location>

DISTRICT OF COLUMBIA - APPLICATION FOR CRIME PROTECTION POLICY

COMPREHENSIVE UNDERWRITING & RATING SURVEY

Policy Coverage offered: Crime Protection Policy Loss Sustained form

N	amed Insured:
	incipal Address:
"	EXCESS enter Primary Policy # and carrier:
1.	OPERATIONS: Public Entities: Are you a: State County City/Town Other Political Subdivision Mercantile Entities: Are you a: Corporation Partnership Individual Date Established:
2.	INTERNAL CONTROLS:
	1. Is an audit performed each year? YES NO
	How Prepared? In-House ☐ Independent CPA ☐ Scope? Audit ☐ Review ☐ Compilation ☐
	If coverage desired is at \$250,000; please submit a copy of the annual financial report.
	2. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? YES NO How Often?
	3. Will all checks issued by the insured be countersigned? YES NO NO If no, who signs? (Name and position)
	4. Prior Insurance? YES NO Name of carrier if "Yes":
	5. Prior Losses? YES NO If Yes, Amount: \$ (attach details of loss)
	6. Do you have (use) funds transfer transactions (i.e. Wire Transfers, ACH, EFT, etc.)? YES NO If "Yes", how often are funds transfer transactions reconciled?
	Are they reconciled by someone not authorized to approve, initiate or handle them?
	7. Does supporting documentation accompany all checks to be signed? YES NO If "No", Explain:
	8. Are your employees required to take at least 1 or 2 consecutive weeks of vacation? YES NO
3.	INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:
	Insuring Agreement Limit of Insurance Deductible Amount
	Employee Dishonesty \$ \$
	Forgery or Alteration \$
	Loss of Clients' Property \$
4.	RATING DATA:
	1. Enter the # of: Officers/Officials: Employees, other than Officers/Officials:
	2. Enter the # of employees that have cutody of, or access to, property of your clients:
5.	For PUBLIC ENTITY Insureds:
	PLEASE NOTE: Persons required by law to be individually bonded and Treasurers and Tax Collectors by whatever title known <u>are excluded from coverage</u> under Employee Dishonesty.
	1. Is Faithful Performance of Duty Coverage desired?
	If "YES", enter the number of your Patrolmen/women:



Surety & Fidelity Rond Department, PO Box 5900, Madison, WI 53701

Capitol Indemnity Corporation
Platte River Insurance Company

Page 1 of 3

APPLICATION FOR CRIME PROTECTION POLICY

COMPREHENSIVE UNDERWRITING & RATING SURVEY

Principal Address:		
Policy Coverage offered: Crime Protection Policy for Public Entities Loss Sustained form		
This policy will be Primary Excess If EXCESS, enter Primary Policy # and carrier:		
1. OPERATIONS: Public Entities: Are you a: State County City/Town Other Political Subdivision Mercantile Entities: Are you a: Corporation Partnership Individual 1. Type of Operation/Business Description: 2. Date Established:		
2. INTERNAL CONTROLS:		
In-House □ Independent CPA □ Scope? Audit □ Review □ Compilation Scope		
If coverage desired is at \$250,000; please submit a copy of the annual financial report.		
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?YEHow Often?	S□	NO 🗆
3. Will all checks issued by the insured be countersigned? YES ☐ NO ☐ If no, who signs? (Name and position)		
4. Prior Insurance? YES NO Name of carrier if "Yes": 5. Prior Losses? YES NO If Yes, Amount: \$ (attach details of I	/ \	
	s 🗆	NO 🗆
, , , , , , , , , , , , , , , , , , , ,	s 🗆 s 🗆	NO 🗌 NO 🗆
8. Are your employees required to take at least 1 or 2 consecutive weeks of vacation? YES	S□	NO 🗆
3. INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES: Insuring Agreement		
4. RATING DATA:		
 Enter the # of: Officers/Officials: Employees, other than Officers/Officials: Enter the # of employees that have cutody of, or access to, property of your clients: 		
5. For PUBLIC ENTITY Insureds:		
PLEASE NOTE: Persons required by law to be individually bonded and Treasurers and Tax Collectors by whatever title known <u>are excluded from coverage</u> under Employee Dishonesty.		
	s 🗆	NO 🗆

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS CUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed at			Insured:	
This	Day of	, By: _	(Signature)	(Title)
SUBMITTING AC	SENT'S INFORMATION			
Name:			License Number:	
Mailing Address:				
Phone:			Contact	

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT:

APPLICABLE IN: AL AR DC LA MD NM RIAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false incomplete or misleading information is quilty of a felony (of the third degree)* *Applies in FL only

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto: or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)* *Applies in NY only.

APPLICARI FIN: MF TN VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: N.J.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Signed at:			Insured:	
This	Day of,	Ву:	(Signature)	(Title)
			(Print Name)	
SUBMITTING A	GENCY'S INFORMATION			
Contact Name:			Phone Number:	
Mailing Address:				

<Company Name>

Mailing Address: P.O. Box 5900, Madison, WI 53705-0900

EMPLOYEE DISHONESTY BOND

as required by The Employee Retirement Income Security Act of 1974 (ERISA)

DECLAR		S f Incured:								
Dringing	I Addros			(HEREIN CA	LED THE I	NSURED)				
Principa	• Addres			(NUMBER, S	TREET)					
				(CITY, STATE	E, ZIP)					
				on thes Bond, standard ti		f Principal Ad	, dress as to eac	to 12 ch of said da	:01 A.M. on the ef	fective date
Item 3.	Limit of	Liability:						Dollars	(\$).
		•		(MAXIMUN	I LIMIT IS \$	500,000)				
	Pla sul	an that is bject, ho	equal to or gover, to the	dditional premium of the control of	quired und of Limits	er ERISA, vin section	we agree to au 9 of the GEN	itomatically i	ncrease that Limit	t of Liability,
Item 4.	The liab	ility of the	Underwriter	s subject to the te	rms and co	nditions he	reby attached.			
Item 5.	No.(s)	. Such tage in this	ermination of bond replace	e of this bond give cancellation to be es coverage in othe ive until such othe	e effective ner bonds	e as of the terminating	time this bond on the inception	d becomes	effective. To the	extent that
Item 6.	1. "É i	mpleyee" A truet indeper	alse includes se, an effice adent contract se, and	isions of the Emploany natural person r, employee, adnor, of any Employ	n who is: ninistrator ree Welfard	er a mana er Pensie	iger, except a n Benefit Plan	an administra (hereafter e	alled Plan) insure	d under this
Item 7.	a.	Sustain Of com that aris	ed by two or i mingled funds ses out of one	d under this insura more Plans or s or other property e "occurrence", is to l for each Plan und	of two or m	nore Plans d by each F	Plan sustaining			the amount
componis subse exclusio another discover	ent there equent to n applie cause o r, guard	eof, embe o Decem s without r event a against o	dded chip, m per 31, 1999 regard to owr so contribute r correct such	ss, or any part the icroprocessor, or so or accurately to pership of the complet to the loss; and a failure. Provide or employee disho	similar electorocess date puter, computer, computer to the cost ed, howeve	tronic device ta or perfor the puter system of any test r, that this I	e correctly to r rm any other f m, chip, microp , diagnosis, re Exclusion shall	ecognize, into function becorocessor or pair, advice, not apply to	erpret or accept a ause of such a fa similar device; wh design, or re-prog any loss or part t	a date which ailure. This aether or not gramming to hereof as to
Cancella	ation of	prior ins	surance: By	acceptance of the cancellation	nis policy on to be eff	you give ective at the	us notice o time this polic	canceling pr	ior policy or bo	nd Nos.
SIGNED	AND D	ATED TH	IIS	DAY OF			,			
		rvice Offic	ce Address:	_	BY:		Signature		Representative	
							_			
							Print or Type N	lame of Autho	rized Representative	€

Power of Attorney is not required to execute this bond.

<Company Name>

Mailing Address: P.O. Box 5900, Madison, WI 53705-0900

Bond No.	
----------	--

EMPLOYEE DISHONESTY BOND

as required by The Employee Retirement Income Security Act of 1974 (ERISA) as amended

	RATIONS		
Item 1	Name of Empl	ovee Benefit Plans: (HEREIN CALLED THE INSURED)	
	Principal Addr	· · · · · · · · · · · · · · · · · · ·	
	·	(NUMBER_STREET)	
		(CITY STATE ZIP)	
ltem 1a	Plan Sponso		
		(HEREIN CALLED THE INSURED)	
	Plan Sponsor	Address:(NUMBER, STREET)	
		(NOWBER, STREET)	
		(CITY, STATE, ZIP)	
Item 2.	Bond Period: For the cancella	from 12:01 A.M. on the day of , to 12:01 A.M. on the effective ion or termination of this Bond, standard time at the Principal Address as to each of said dates.	date
Item 3.	Limit of Liabilit	/: Dollars (\$ Dollars (\$).
		(MAXIMUM LIMIT IS \$500,000)	
	Plan that subject,	eration of the additional premium charged if, at the inception of this policy, you have a Limit of Liability fo is equal to or greater than that required under ERISA, we agree to automatically increase that Limit of Lianowever, to the Non-Cumulation of Limits in section 9 of the GENERAL CONDITIONS, and subject I limit of \$500,000. Inflation guard accepted. YES NO	ability,
Item 4.	The liability of	the Underwriter is subject to the terms and conditions hereby attached.	
Item 5.	No.(s). Such coverage in t	y the acceptance of this bond gives notice to the Underwriter terminating or cancelling prior bonds or police termination or cancellation to be effective as of the time this bond becomes effective. To the extermination of the coverage in other bonds terminating on the inception date of this bond, coverage under become effective until such other coverage has terminated.	nt that
Item 6.	1. Covered a a tru cont b a di	with certain provisions of the Employee Retirement Income Security Act (ERISA): person means any natural person who is stee officer employee administrator or manager, except an administrator or manager who is an indeperactor, of any employee benefit plan(s) insured under this insurance; or sector, officer, employee or trustee of the Plan Sponsor, but only while that person is handling more cities or other property of an employee benefit, plan insured under this insurance;	
Item 7.	a. Sust b. Of c that	Plans are insured under this insurance, any payment for loss: ained by two or more Plans or ommingled funds or other property of two or more Plans arises out of one "occurrence", is to be shared by each Plan sustaining the loss in the proportion that the arises out of one "occurrence", is to be shared by each Plan sustaining the loss in the proportion that the arises required for each Plan under ERISA provision bears to the total of those amounts.	mount

Item 8. Certain Computer Errors: loss, or any part thereof, resulting directly from the failure of any computer, computer system or component thereof, embedded chip, microprocessor, or similar electronic device correctly to recognize, interpret or accept a date which is subsequent to December 31, 1999 or accurately to process data or perform any other function because of such a failure. This exclusion applies without regard to ownership of the computer, computer system, chip, microprocessor or similar device; whether or not another cause or event also contributed to the loss; and to the cost of any test, diagnosis, repair, advice, design, or re-programming to discover, guard against or correct such a failure. Provided, however, that this Exclusion shall not apply to any loss or part thereof as to which You can establish coverage under employee dishonesty and the amount of the loss, without reliance upon such a failure.

To be attached to and form a part of an Employee Dishonesty Bond as required by The Employee Retirement Income Security Act of 1974 (ERISA).

INSURING AGREEMENT

The Underwriter, in sensideration of the payment of the premium, and subject to the Declarations made a part hereof, the Ceneral Agreements Genditions, and Limitations, and other terms of this Bend, agrees to indemnify the Insured against less of mency or other property which the Insured shall sustain resulting directly from one or more fraudulent or dishenest acts of any Employee, acting alone or in collusion with others, to an amount not to exceed in the aggregate the amount stated in Item 3 of the Declarations. Dishenest or fraudulent acts as used in this Insurance Agreement shall mean only dishenest or fraudulent acts committed by such Employee with the manifect intent to cause the Insured to suctain such less and to obtain financial benefit for the Employee, or for any other person or organization intended by the Employee to receive such benefit, other than calarios commissions, foce, benuses, premotions, awards, profit sharing, pensions or other employee benefits carned in the normal source of employment.

GENERAL AGREEMENTS

CONSOLIDATION-MERGER

A. If, through consolidation or merger with, or purchase of assets of, some other concern, any person shall become Employees, the Insured shall give the Underwriter written notice thereof and shall pay an additional premium computed pro rata from the date of such consolidation, merger or purchase to the end of the current premium period.

JOINT INSURED

B. If more than one Insured is covered under this Bond, the Insured first named shall act for itself and for every other Insured for all purposes of this Bond. Knowledge possessed or discovery made by any Insured or by any partner or officers thereof shall, for the purposes of Section 6, 7 and 12, constitute knowledge possessed or discovery made by every Insured. Cancellation of the insurance hereunder as respects any Employee as provided in Section 12 shall apply to every insured. If, prior to the cancellation or termination of this Bond in its entirety, this Bond is cancelled or terminated as to any Insured, there shall be no liability for any loss sustained by such Insured unless discovered within one year from the date of such cancellation or termination. The liability of the Underwriter for loss sustained by any or all of the Insured shall not exceed the amount for which the Underwriter would be liable had all such loss been sustained by any one of the Insured. Payment by the Underwriter to the Insured first named of any loss under this Bond shall fully release the Underwriter on account of such loss. If the Insured first named ceases for any reason to be covered under this Bond, then the Insured next named shall thereafter be considered as the Insured first named for all purposes of this Bond.

LOSS UNDER PRIOR BOND OR POLICY

- C. If the coverage of this Bond is substituted for any prior bond or policy of insurance carried by the Insured or by any predecessor in interest of the Insured, which prior bond or policy is terminated, cancelled or allowed to expire as to the time of such substitution the Underwriter agrees that this Bond applies to loss which is discovered as provided in Section 1 of the Conditions and Limitations and which would have been recoverable by the Insured or such predecessor under such prior bond or policy except for the fact that the time within which to discover loss thereunder has expired; provided:
 - (1) the indemnity afforded by this General Agreement C shall be a part of and not in addition to the amount of insurance afforded by this Bond.
 - (2) such loss would have been covered under this Bond had this Bond with its agreements, limitations, and conditions as of the time of such substitution been in force when the acts or defaults causing such loss were committed; and
 - (3) recovery under this Bond on account of such loss shall in no event exceed the amount which would have been recoverable under this Bond in the amount for which it is written as of the time of such substitution, had this Bond been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond or policy had such prior bond or policy continued in force until the discovery of such loss, if the latter amount be smaller.

THE FOREGOING INSURING AGREEMENT AND GENERAL AGREEMENTS ARE SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

BOND PERIOD, TERRITORY, DISCOVERY

Section 1. Loss is covered under this Bond only if discovered not later than one year from the end of the Bond Period.

Subject to General Agreement C, this Bond applies only to loss sustained by the Insured through fraudulent or dishonest acts committed during the Bond Period by any of the Employees engaged in the regular service of the Insured within any of the States of the United States of America, the District of Columbia, Virgin Islands, Puerto Rico, Canal Zone or Canada or while such Employees are elsewhere for a limited period.

EXCLUSION

Section 2. This Bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation: provided, however, that this paragraph shall not apply to loss of money or other property which the Insured can prove, through evidence wholly apart from such computations, is sustained by the Insured through any fraudulent or dishonest act or acts committed by any one or more of the Employees. This Bond does not apply to the defense of any legal proceeding brought against the Insured or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceeding whether or not such proceeding results or would result in a loss to the Insured covered by this Bond.

DEFINITION OF EMPLOYEE

Section 3. As used in this Bond, "Employee" means any natural person (except a director or trustee of the Insured, if a corporation, who is not also an officer or employee thereof in some other capacity), while in the regular service of the Insured in the ordinary course of the Insured's business during the Bond Period and whom the Insured compensates by salary, wages or commissions and has the right to govern and direct in the performance of such service, but does not mean any broker factor, commission merchant, consignee, contractor or other agent or representative of the same general character. The words "while in the regular service of the Insured" shall include the first 30 days thereafter; subject, however, to Section 12 and 13.

LOSS CAUSED BY UNIDENTIFIABLE EMPLOYEES

Section 4. If a loss is alleged to have been caused by the fraud or dishonesty of any one or more of the Employees and the Insured shall be unable to designate the specific Employee or Employees causing such loss, the Insured shall nevertheless have the benefit of this Bond subject to the provisions of Section 2 of this Bond, provided that the evidence submitted reasonably proves that the loss was in fact due to the fraud or dishonesty of one or more of the said Employees, and provided, further, that the aggregate liability of the Underwriter for any such loss shall not exceed the amount stated in Item 3 of the Declarations.

Cancellation of prior insurance: By acc		give us notice canceling prior policy or bond Nos. fective at the time this policy becomes effective.
SIGNED AND DATED THIS	DAY OF	,
Underwriting Service Office Address: <service location="" office=""></service>	BY:	Signature of Authorized Representative
		Print or Type Name of Authorized Representative

Power of Attorney is not required to execute this bond.

To be attached to and form a part of an Employee Dishonesty Bond as required by The Employee Retirement Income Security Act of 1974 (ERISA).

INSURING AGREEMENT

FRAUD OR DISHONESTY

We will pay for loss of money, securities or other property resulting directly from fraud or dishonesty committed by a covered person.

GENERAL AGREEMENTS

CONSOLIDATION-MERGER

A. If, through consolidation or merger with, or purchase of assets of, some other concern, any person shall become Employees, the Insured shall give the Underwriter written notice thereof and shall pay an additional premium computed pro rata from the date of such consolidation, merger or purchase to the end of the current premium period.

JOINT INSURED

B. If more than one Insured is covered under this Bond, the Insured first named shall act for itself and for every other Insured for all purposes of this Bond. Knowledge possessed or discovery made by any Insured or by any partner or officers thereof shall, for the purposes of Section 6, 7 and 12, constitute knowledge possessed or discovery made by every Insured. Cancellation of the insurance hereunder as respects any Employee as provided in Section 12 shall apply to every insured. If, prior to the cancellation or termination of this Bond in its entirety, this Bond is cancelled or terminated as to any Insured, there shall be no liability for any loss sustained by such Insured unless discovered within one year from the date of such cancellation or termination. The liability of the Underwriter for loss sustained by any or all of the Insured shall not exceed the amount for which the Underwriter would be liable had all such loss been sustained by any one of the Insured. Payment by the Underwriter to the Insured first named of any loss under this Bond shall fully release the Underwriter on account of such loss. If the Insured first named ceases for any reason to be covered under this Bond, then the Insured next named shall thereafter be considered as the Insured first named for all purposes of this Bond.

LOSS UNDER PRIOR BOND OR POLICY

- C. If the coverage of this Bond is substituted for any prior bond or policy of insurance carried by the Insured or by any predecessor in interest of the Insured, which prior bond or policy is terminated, cancelled or allowed to expire as to the time of such substitution the Underwriter agrees that this Bond applies to loss which is discovered as provided in Section 1 of the Conditions and Limitations and which would have been recoverable by the Insured or such predecessor under such prior bond or policy except for the fact that the time within which to discover loss thereunder has expired; provided:
 - (1) the indemnity afforded by this General Agreement C shall be a part of and not in addition to the amount of insurance afforded by this Bond.
 - (2) such loss would have been covered under this Bond had this Bond with its agreements, limitations, and conditions as of the time of such substitution been in force when the acts or defaults causing such loss were committed; and
 - (3) recovery under this Bond on account of such loss shall in no event exceed the amount which would have been recoverable under this Bond in the amount for which it is written as of the time of such substitution, had this Bond been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond or policy had such prior bond or policy continued in force until the discovery of such loss, if the latter amount be smaller.

THE FOREGOING INSURING AGREEMENT AND GENERAL AGREEMENTS ARE SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

BOND PERIOD, TERRITORY, DISCOVERY

Section 1. Loss is covered under this Bond only if discovered not later than one year from the end of the Bond Period. This policy covers only acts committed or events occurring within the United States of America.

Subject to General Agreement C, this Bond applies only to loss sustained by the Insured through fraudulent or dishonest acts committed during the Bond Period by any of the Employees engaged in the regular service of the Insured within any of the States of the United States of America, the District of Columbia, Virgin Islands, Puerto Rico, Canal Zone or Canada or while such Employees are elsewhere for a limited period.

OWNERSHIP OF MONEY OR OTHER PROPERTY

Section 5. The Insured property may be owned by the Insured, or held by the Insured in any capacity whether or not the Insured is liable for the loss thereof, or may be property as respects which the Insured is legally liable.

PRIOR FRAUD, DISHONESTY OR CANCELLATION

Section 6. The coverage of this Bond shall not apply to any Employee from and after the time that the Insured or any partner or officer thereof not in collusion with such Employee shall have knowledge or information that such Employee has committed any fraudulent or dishonest act in the service of the Insured or otherwise, whether such act be committed before or after the date of employment by the Insured.

If, prior to the issuance of this Bond, any fidelity insurance in favor of the Insured or any predecessor in interest of the Insured and covering one or more of the Insured's Employees shall have been cancelled as to any of such Employees by reason of the giving of written notice of cancellation by the insurer issuing such fidelity insurance, whether the Underwriter or not, and if such Employees shall not have been reinstated under the coverage of such fidelity insurance or superseding fidelity insurance, the Underwriter shall not be liable on account of such Employees unless the Underwriter shall agree in writing to include such Employees within the coverage of this Bond.

LOSS - NOTICE - PROOF - ACTION AGAINST UNDERWRITER

Section 7. Upon knowledge or discovery of loss under this Bond, the Insured shall (a) give notice thereof as soon as practicable to the Underwriter or any of its authorized agents, and (b) file detailed proof of loss, duly sworn to, with the Underwriter within four months after the discovery of loss.

Upon the Underwriter's request, the Insured shall produce for the Underwriter's examination all pertinent records, at such reasonable times and places as the Underwriter shall designate, and shall cooperate with the Underwriter in all matters pertaining to loss or claims with respect thereto.

No action shall lie against the Underwriter unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this Bond, nor until ninety days after the required proofs of loss have been filed with the Underwriter, nor at all unless commenced within two years from the date when the Insured discovers the loss. If any limitation of time for notice of loss or any legal proceeding herein contained is shorter than that permitted to be fixed by agreement under any statute controlling the construction of the Bond, the shortest permissible statutory limitation of time shall govern and shall supersede the time limitation herein stated.

RECOVERIES

Section 8. If the Insured shall sustain any loss covered by this Bond which exceeds the amount of indemnity provided by this Bond, the Insured shall be entitled to all recoveries (except from suretyship, insurance, reinsurance, security or indemnity taken by or for the benefit of the Underwriter) by whomsoever made, on account of such loss under this Bond until fully reimbursed, less the actual cost of effecting the same, and any remainder shall be applied to the reimbursement of the Underwriter.

LIMITS OF LIABILITY

Section 9. Indemnification by the Underwriter for any loss under this Bond shall not reduce the Underwriter's liability for other losses under this Bond whenever sustained. The Underwriter's total liability under this Bond for any loss caused by any Employee or in which such Employee is concerned or implicated is limited to the amount stated in Item 3 of the Declarations.

Regardless of the number of years this Bond shall continue in force and the number of premiums which shall be payable or paid, the limit of liability stated in Item 3 of the Declarations shall not be cumulative from year to year or period to period.

LIMIT OF LIABILITY UNDER THIS BOND AND PRIOR INSURANCE

Section 10. With respect to loss caused by any Employee or in which such Employee is concerned or implicated or which is chargeable to any Employee as provided in Section 4 and which occurs partly during the Bond Period and partly during the period of other bonds or policies issued by the Underwriter to the Insured or to any predecessor in interest of the Insured and terminated or cancelled or allowed to expire and in which the period for discovery has not expired at the time any such loss thereunder is discovered, the total liability of the Underwriter under this Bond and under such other bonds or policies shall not exceed, in the aggregate, the amount stated in Item 3 of the Declarations or the amount available to the Insured under such other bonds or policies, as limited by the terms and conditions thereof, for any such loss, if the latter amount be the larger.

OTHER INSURANCE

Section 11. If there is available to the Insured any other insurance or indemnity covering any loss covered by this Bond, the Underwriter shall be liable hereunder only for that part of such loss which is in excess of the amount recoverable or recovered from such other insurance or indemnity.

CANCELLATION AS TO ANY EMPLOYEE

Section 12. This Bond shall be deemed cancelled as to any Employee (a) immediately upon discovery by the Insured, or by any partner or officer thereof not in collusion with such Employee, or any fraudulent or dishonest act on the part of such Employee; or (b) at 12:01 A.M. standard time as aforesaid, upon the effective date specified in a written notice mailed to the Insured. Such date shall be not less than fifteen days after the date of mailing. The mailing by the Underwriter of notice as aforesaid to the Insured at the address shown in this Bond shall be sufficient proof of notice. Delivery of such written notice by the Underwriter shall be equivalent to mailing.

CANCELLATION OF BOND

Section 13. The First Named Insured shown in item 1 may cancel this bond by mailing or delivering to us advance written notice of cancellation. We may cancel this bond by mailing or delivering to the First Named Insured shown in item 1 written notice of cancellation at least 10 days before the cancellation date if for non-payment of any premium due to us or 75 days before the effective date of cancellation but in no event less than the minimum Statutory time permitted by State Law. We will mail or deliver our notice to the First Named Insured's last mailing address known to us. Notice of cancellation will state the effective date of cancellation. The Bond Period will end on that date. If this bond is cancelled, we will send the First Named Insured any premium refund due calculated on a pro rata basis, but always subject to a minimum premium. If notice is mailed, proof of mailing will be sufficient proof of notice.

In witness whereof, the Underwriter has caused this Bond to be executed on the Declaration page.

EXCLUSION

Section 2. This Bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation: provided, however, that this paragraph shall not apply to loss of money or other property which the Insured can prove, through evidence wholly apart from such computations, is sustained by the Insured through any fraudulent or dishonest act or acts committed by any one or more of the Employees. This Bond does not apply to the defense of any legal proceeding brought against the Insured or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceeding whether or not such proceeding results or would result in a loss to the Insured covered by this Bond.

DEFINITION OF EMPLOYEE

Section 3. As used in this Bond, "Employee" means any natural person (except a director or trustee of the Insured, if a corporation, who is not also an officer or employee thereof in some other capacity), while in the regular service of the Insured in the ordinary course of the Insured's business during the Bond Period and whom the Insured compensates by salary, wages or commissions and has the right to govern and direct in the performance of such service, but does not mean any broker factor, commission merchant, consignee, contractor or other agent or representative of the same general character. The words "while in the regular service of the Insured" shall include the first 30 days thereafter; subject, however, to Section 12 and 13.

LOSS CAUSED BY UNIDENTIFIABLE EMPLOYEES.

Section 4. If a loss is alleged to have been caused by the fraud or dishonesty of any one or more of the Employees and the Insured shall be unable to designate the specific Employee or Employees causing such loss, the Insured shall nevertheless have the benefit of this Bond subject to the provisions of Section 2 of this Bond, provided that the evidence submitted reasonably proves that the loss was in fact due to the fraud or dishonesty of one or more of the said Employees, and provided, further, that the aggregate liability of the Underwriter for any such loss shall not exceed the amount stated in Item 3 of the Declarations.

OWNERSHIP OF MONEY OR OTHER PROPERTY

Section 5. The Insured property may be owned by the Insured, or held by the Insured in any capacity whether or not the Insured is liable for the loss thereof, or may be property as respects which the Insured is legally liable.

PRIOR FRAUD, DISHONESTY OR CANCELLATION

Section 6. The coverage of this Bond shall not apply to any Employee from and after the time that the Insured or any partner or officer thereof not in collusion with such Employee shall have knowledge or information that such Employee has committed any fraudulent or dishonest act in the service of the Insured or otherwise, whether such act be committed before or after the date of employment by the Insured

If, prior to the issuance of this Bond, any fidelity insurance in favor of the Insured or any predecessor in interest of the Insured and covering one or more of the Insured's Employees shall have been cancelled as to any of such Employees by reason of the giving of written notice of cancellation by the insurer issuing such fidelity insurance, whether the Underwriter or not, and if such Employees shall not have been reinstated under the coverage of such fidelity insurance or superseding fidelity insurance, the Underwriter shall not be liable on account of such Employees unless the Underwriter shall agree in writing to include such Employees within the coverage of this Bond.

LOSS - NOTICE - PROOF - ACTION AGAINST UNDERWRITER

Section 7. Upon knowledge or discovery of loss under this Bond, the Insured shall (a) give notice thereof as soon as practicable to the Underwriter or any of its authorized agents, and (b) file detailed proof of loss, duly sworn to, with the Underwriter within four months after the discovery of loss.

Upon the Underwriter's request, the Insured shall produce for the Underwriter's examination all pertinent records, at such reasonable times and places as the Underwriter shall designate, and shall cooperate with the Underwriter in all matters pertaining to loss or claims with respect thereto.

No action shall lie against the Underwriter unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this Bond, nor until ninety days after the required proofs of loss have been filed with the Underwriter, nor at all unless commenced within two years from the date when the Insured discovers the loss. If any limitation of time for notice of loss or any legal proceeding herein contained is shorter than that permitted to be fixed by agreement under any statute controlling the construction of the Bond, the shortest permissible statutory limitation of time shall govern and shall supersede the time limitation herein stated.

RECOVERIES

Section 8. If the Insured shall sustain any loss covered by this Bond which exceeds the amount of indemnity provided by this Bond, the Insured shall be entitled to all recoveries (except from suretyship, insurance, reinsurance, security or indemnity taken by or for the benefit of the Underwriter) by whomsoever made, on account of such loss under this Bond until fully reimbursed, less the actual cost of effecting the same, and any remainder shall be applied to the reimbursement of the Underwriter.

LIMITS OF LIABILITY

Section 9. Indemnification by the Underwriter for any loss under this Bond shall not reduce the Underwriter's liability for other losses under this Bond whenever sustained. The Underwriter's total liability under this Bond for any loss caused by any Employee or in which such Employee is concerned or implicated is limited to the amount stated in Item 3 of the Declarations.

Regardless of the number of years this Bond shall continue in force and the number of premiums which shall be payable or paid, the limit of liability stated in Item 3 of the Declarations shall not be cumulative from year to year or period to period.

LIMIT OF LIABILITY UNDER THIS BOND AND PRIOR INSURANCE

Section 10. With respect to loss caused by any Employee or in which such Employee is concerned or implicated or which is chargeable to any Employee as provided in Section 4 and which occurs partly during the Bond Period and partly during the period of other bonds or policies issued by the Underwriter to the Insured or to any predecessor in interest of the Insured and terminated or cancelled or allowed to expire and in which the period for discovery has not expired at the time any such loss thereunder is discovered, the total liability of the Underwriter under this Bond and under such other bonds or policies shall not exceed, in the aggregate, the amount stated in Item 3 of the Declarations or the amount available to the Insured under such other bonds or policies, as limited by the terms and conditions thereof, for any such loss, if the latter amount be the larger.

OTHER INSURANCE

Section 11. If there is available to the Insured any other insurance or indemnity covering any loss covered by this Bond, the Underwriter shall be liable hereunder only for that part of such loss which is in excess of the amount recoverable or recovered from such other insurance or indemnity.

CANCELLATION AS TO ANY EMPLOYEE

Section 12. This Bond shall be deemed cancelled as to any Employee (a) immediately upon discovery by the Insured, or by any partner or officer thereof not in collusion with such Employee, or any fraudulent or dishonest act on the part of such Employee; or (b) at 12:01 A.M. standard time as aforesaid, upon the effective date specified in a written notice mailed to the Insured. Such date shall be not less than fifteen days after the date of mailing. The mailing by the Underwriter of notice as aforesaid to the Insured at the address shown in this Bond shall be sufficient proof of notice. Delivery of such written notice by the Underwriter shall be equivalent to mailing.

CANCELLATION OF BOND

Section 13. The First Named Insured shown in item 1 may cancel this bond by mailing or delivering to us advance written notice of cancellation. We may cancel this bond by mailing or delivering to the First Named Insured shown in item 1 written notice of cancellation at least 10 days before the cancellation date if for non-payment of any premium due to us or 75 days before the effective date of cancellation but in no event less than the minimum Statutory time permitted by State Law. We will mail or deliver our notice to the First Named Insured's last mailing address known to us. Notice of cancellation will state the effective date of cancellation. The Bond Period will end on that date. If this bond is cancelled, we will send the First Named Insured any premium refund due calculated on a pro rata basis, but always subject to a minimum premium. If notice is mailed, proof of mailing will be sufficient proof of notice.

In witness whereof, the Underwriter has caused this Bond to be executed on the Declaration page.

Company Name>
Service Office Location>

BUSINESS SERVICE BOND APPLICATION

Agency Name:	Agency No	Bond No.	
Business Name (Must be exactly as it is to appear on the	e bond)		
Phone Number			
Address (street)	(city)	(state)	- (zip)
Type of Business		(ciato)	(=.p)
Amount of Bond \$			
Number of Owners:			
Number of Employees: Full Time	Part Time		
How long have you been in business?			
Do you investigate the employment history of job applica	ants? Yes No If "No	o", please explain b o	elow.
Do you perform criminal history background checks on jo	ob applicants? 🗌 Yes 🔲 N	No If "No", please	explain below:
Have you had a bond with another surety? Yes	No If "Yes", what is the rea	son for changing c	ompanies?
Have you had any prior losses of clients' property?	Yes No If "Yes", please	e attach details on a	a separate sheet

CONVICTION CLAUSE

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be tried and convicted of the alleged dishonest act in a court of proper jurisdiction before coverage will apply.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The insured represents that the information furnished in this application and any supplemental application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in the application or otherwise, shall be grounds for the rescission of any coverage issued on reliance upon such information. Be aware that the underwriting company has relied on your answers in accepting, rating and issuing your policy and where applicable in certain jurisdictions, this application becomes part of the policy issued to the insured as an endorsement.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.



Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

Capitol Indemnity Corporation
Platte River Insurance Company

BUSINESS SERVICE BOND APPLICATION

Agency Nar	ne:							Agend	y No.			Bond No.	
Business N	ame: (N	/lust be	exactly as it i	s to	appe	ar on the	bond)					
Phone Num	<u>ber:</u>												
Address:													
	(street	et)					(city)				(state)	(zip)	
Type of Bus	iness:												
Amount of F	Rond \$				Effective Date:			Number		er of Owners:			
Number of Employees: Full Time			Part Time		•		long have y						
Do you inve	_		ployment		Yes	□ No	If "N	lo", pleas	se exp	lain:			
Do you perform criminal history background checks on job applicants?		☐ Yes ☐ No If		If "No", please explain:									
Have you had a bond with another surety? ☐ Yes ☐ No				If "Yes", what is the reason for changing companies? (MO applicants DO NOT answer this question)				nts DO NOT					
Have you had any prior losses of clients' property?													

CONVICTION CLAUSE

In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be tried and convicted of the alleged dishonest act in a court of proper jurisdiction before coverage will apply.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may nowhave in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The insured represents that the information furnished in this application and any supplemental application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in the application or otherwise, shallbe grounds for the rescission of any coverage issued on reliance upon such information. Be aware that the underwriting company has relied on your answers in accepting, rating and issuing your policy and where applicable in certain jurisdictions, this application becomes part of the policy issued to the insured as an endorsement.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.

Gigned at	Insured:	
This ,,	By: (Signature) (T	-itle)
	(Print Name)	
SUBMITTING ACENTS INFORMATION		
Name:	License Number:	
Mailing Address:		
Phone:	Contact:	

FRAUD STATEMENT:

APPLICABLE IN: AL AR DC LA MD NM RLAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award, payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, or all, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for

APPLICABLE IN: KY. NY. OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)* *Applies in NY only.

APPLICABLE IN: ME TH VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in MF only.

APPLICABLE IN: NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:			Insured:			
This	Day of,	Ву:	(Signature)	(Title)		
			(Print Name)			
SUBMITTING	AGENCY'S INFORMATION					
Contact Name:			Phone Number			
Mailing Address						

<Company Namo>

Mailing Address: P.O. Box 5000, Madison, WI 53705 0000

ERISA BOND APPLICATION

Naı	me of Plan(s) (exact name of Plan(s) to be	e covered)				
Ado	dress					
	City	State	Zip	Phone Nur	mber ())
1.	Is the Plan audited annually by a CPA?		YES [] NO		
	If yes, provide name of the CPA firm					
i	Address		City _		State	Zip
2.	Does an Independent Administrator serv	ice the Plan?	☐ YES	□ NO		
	If yes, provide name of Administrator					
1	Address		City _		State	Zip
Ī	Please note Independent Admin	istrators will no	t be covered un	der Bond unless yo	u contact your Br	anch Office.
3.	How many trustees are there for the Pla	n?				
4.	Are two signatures required to withdraw	from the Plan?	☐ YES	☐ NO (If no, sı	ıbmit to your Brand	ch Office for underwriting)
5.	Who reconciles Plan's bank statement?					
6.	Who deposits funds in Plan's accounts?					
	(If the same name is listed in bo	th questions 5 a	and 6, submit ap	plication to your B	ranch Office for u	nderwriting)
Am	ount of Bond \$					
Qu	alified Plan Assets \$	Bond amount r	must be for at leas	t 10% of Qualified Pla	an Assets. Maximu	m Bond limit is \$500,000.
No	n-Qualified Plan Assets \$	Bond an	nount must be for	100% of the Non-Qua	alified Plan Assets.	
Pre	emium Basis		3 Year Prepaid	Proposed Effe	ective Date	
ls I	nflation Guard Coverage desired?	☐ YES	☐ NO			
Ple	ase call the Branch Office for Authorization	on on Bonds ove	er \$100,000.			

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.





Surety & Fidelity Bond Department, PO Box 5900, Madison, WI 53701

ERISA BOND APPLICATION

Name of Plan(s) (exact name of Plan(s) to be covered)					
Address					
City State Zip Phone Number ()					
1. Is the Plan audited annually by a CPA? ☐ YES ☐ NO					
If yes, provide name of the CPA firm					
Address City State Zip					
2. Does an Independent Administrator service the Plan? YES NO					
If yes, provide name of Administrator					
Address City State Zip					
Please note Independent Administrators will not be covered under Bond unless you contact your Branch Office.					
3. How many trustees are there for the Plan?					
4. Are two signatures required to withdraw from the Plan? \square YES \square NO (If no, submit to your Branch Office for underwriting)					
5. Who reconciles Plan's bank statement?					
6. Who deposits funds in Plan's accounts?					
(If the same name is listed in both questions 5 and 6, submit application to your Branch Office for underwriting)					
Amount of Bond \$					
Qualified Plan Assets \$ Bond amount must be for at least 10% of Qualified Plan Assets. Maximum Bond limit is \$500,000.					
Non-Qualified Plan Assets \$ Bond amount must be for 100% of the Non-Qualified Plan Assets.					
Premium Basis					
Is Inflation Guard Coverage desired?					
Please call the Branch Office for Authorization on Bonds over \$100,000.					

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.

Signed at				
Insured:				
This D	ay of ,	By:	(Signature) Trustee	(Title)
SUBMITTING AGENT	F'S INFORMATION:			
Name:			License Number:	
Mailing Address:				
Phone:			Contact:	

Underwriting Service Office Address:

Service Office Location>

FRAUD STATEMENT:

APPLICABLE IN: AL. AR. DC. LA. MD. NM. RLAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil clamages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK

Any person who knowingly and with intent to injure defraud or deceive any insurer files a statement of claim or an application containing any false incomplete or misleading information is guilty of a felony (of the third degree)* *Applies in FL only.

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information c

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME TN VA AND WA

It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment fines and denial of insurance benefits. *Applies in MF only.

APPLICABLE IN: N.I

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

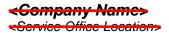
APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:			Insured:			
This	Day of,	Ву:	(Signature)	(Title)		
			(Print Name)			
SUBMITTING	AGENCY'S INFORMATION					
Contact Name	<u> </u>		Phone Number:			
Mailing Addres	<u>ss.</u>					



APPLICATION FOR FIDELITY/FORGERY COVERAGES COMPREHENSIVE UNDERWRITING & RATING SURVEY (RENEWAL)

NAMED INSURED:
If ERISA Coverage is needed provide the plan name
INSURED'S ADDRESS:
Are you a Proprietorship Partnership Corporation
1. Type of Business:
2. Date Established:
3. What is the total number of Employees? Total number of Officers?
How many employees regularly handle money, securities, or inventory?
How many locations? List other locations on reverse side and advise operation.
4. Amount of EMPLOYEE DISHONESTY COVERAGE Desired? \$ Deductible \$
5. Amount of FORGERY COVERAGE Desired? \$ Deductible \$
6. Effective date of coverage requested, if this application is approved?
7. Coverage is Primary Coverage is excess over company/policy #
INTERNAL CONTROLS: 8. Is an audit performed each year? YES NO Prepared by CPA INHOUSE Prepared, Is it an Audit Review Compilation 9. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? YES NO 10. How Often? 11. Will all checks issued by the Insured be countersigned? YES NO 1
If no, who signs (advise name and position)
PRESENT COVERAGE: 12. List all fidelity, and forgery coverages now carried: Check if none Coverage Limit of Liability Name of Insurer Policy Number
LOSS EXPERIENCE: 13. List all employee dishonesty losses in the last three (3) years, itemizing each loss separately: Check if none Date of Loss Amount Description Precautions Taken to Prevent Repetition



Surety & Fidelity Rond Department, PO Box 5900, Madison, WI 53701

Capitol Indemnity Corporation
Platte River Insurance Company

APPLICATION FOR FIDELITY/FORGERY COVERAGES COMPREHENSIVE UNDERWRITING & RATING SURVEY (RENEWAL)

NAME	D INSURED:						
	If ERISA Coverage i	is needed provide the	plan name				
INSUR	RED'S ADDRESS:						
	Are you a	Proprietorship		Partnership		Corporation	
1.	Type of Business:						
2.	Date Established:						
3.	What is the total num	ber of Employees?		Tota	al number of Officer	s?	
	How many employe	ees regularly handle r	money, secu	rities, or inventory	<i>?</i> ?		
	How many location	s?	l	List other location	s on reverse side a	and advise operation.	
4.	Amount of EMPLOYE	E DISHONESTY CO	VERAGE D	esired? \$		Deductible \$	
5.	Amount of FORGER	Y COVERAGE Desire	ed? \$		Deductible	\$	
6.	Effective date of cove	erage requested, if the	is application	is approved?			
7.	Coverage is Primary		Coverage	e is excess over c	ompany/policy#		
INTER	NAL CONTROLS:						
8.	Is an audit performed	each year ? YES	S 🗆 N	IO 🗌 Prepa	red by CPA [☐ INHOUSE ☐	
		If C	PA prepare	d, Is it an Audit	Review	☐ Compilation ☐	
9.	Are bank accounts re	conciled by someone	e not authoriz	zed to deposit or v	withdraw therefrom	? YES□ NO□	
10). How Often?						
11	. Will all checks issue	ed by the Insured be o	countersigne	ed?	YES 🗆	NO \square	
	If no, who signs (ad	dvise name and posit	ion)				
PRESI	ENT COVERAGE:						
12	2. List all fidelity, and f	orgery coverages no	w carried: C	Check if none			
	<u>Coverage</u>	<u>Limit</u>	of Liability		Name of Insurer	Policy Number	<u>ər</u>
_							
_							
LOSS	EXPERIENCE:						
13	List all employee dis	honesty losses in the	e last three (3) years, itemizing	g each loss separa	tely:	
	Check if none						
	Date of Loss	<u>Amount</u>	<u>D</u>	<u>escription</u>	Precaut	ions Taken to Prevent Repetition	<u>nc</u>
_							
_							

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgement of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

The individuals and/or organizations indicated below hereby agree that any electronic signatures (including facsimile signatures) utilized in connection with the execution of this document shall be considered originals and be fully binding and enforceable. Further, the use of any electronic signature by a party shall be evidence of that party's intent to be bound to the terms of such document. The parties agree that they shall not raise any defense (statutory or otherwise) to the enforceability of this document based upon the fact an electronic signature has been used.

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND/OR CIVIL PENALTIES. PENALTIES MAY INCLUDE CONFINEMENT IN PRISON, FINES AND DENIAL OF INSURANCE BENEFITS.

Signed at				Insured:		
This	Day of	, ,	By: _	(Signature) Trustee	(Title)	
	C ACENT'S INFOR					
Name:				License Number:		
Mailing Addr	'ess:					
Phone:				Contact		

FRAUD STATEMENT:

APPLICABLE IN: AL AR DC LA MD NM RLAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison *Applies in MD only.

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure defraud or deceive any insurer files a statement of claim or an application containing any false incomplete or misleading information is guilty of a felony (of the third degree)* *Applies in FL only

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto: or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN: KY NY OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)* *Applies in NY only.

APPLICABLE IN: ME TN VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: N.I

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:			Insured:		
This	Day of,	By:	(Signature)	(Title)	
			(Print Name)		
SUBMITTING	AGENCY'S INFORMAT	<u> </u>			
Contact Name	<u> </u>		Phone Number		
Mailing Addres	s:				

Company Name>
Service Office Location>

DISTRICT OF COLUMBIA APPLICATION FOR A CRIME PROTECTION POLICY FOR MERCANTILE ENTITIES

Named Insured:	(Diagonal's) all	The state of the Control	Descrit Disco
Principal Address:	(Please list all	insured's, including Employe	ee Benefit Plans)
City, State, Zip			
Policy Coverage offered:	Crime Protection Policy for N	Mercantile Entities, Loss Sus	tained Form
Primary, excess, contributing	with:		
INSURIN	G AGREEMENTS, LIMITS OF	FINSURANCE AND DEDUC	TIBLES
INSURING AGREEMENT		Limit of Insurance	Deductible Amount
1. Employee Dishonesty		\$	\$
2. Forgery or Alteration		\$	\$
3. Inside the Premises4. Outside the Premises		\$ \$ \$	\$ \$
5. Computer Fraud		\$ \$	\$ \$
Money Orders and Counter		\$	\$
Insuring Agreements ad		•	
7. Loss of Clients' Property (\$ 8. Funds Transfer Fraud (SE		\$ \$	\$ \$
o. I dilas Transier i rada (o.	00 41)	Ψ	Ψ
To become effective or to be con Premium is payable: Annually		to 12:0	1 a.m. on
1. DESCRIPTION OF YOUR	RORGANIZATION		
(a) Type of business (check a	appropriate box):		
	artnership	☐ Other ☐ If other, ex	xplain
(b) Date your business was e			· ——
(c) Classify your predominan	t activity: (Check box be	low)	
☐ Manufacturer ☐	Processor	☐ Distributor ☐ Retai	er Servicer Other
	services of your predominant b		
(e) Has there been any chang If "Yes", explain	ge in ownership or manageme	nt within the past three years	? Yes No
2. RATING DATA FOR INS			
Insuring Agreements 1, 2 a		# of Employ	voos
Classification of Employees Insuring Agreement 7	s. #01 Officers	# OI EITIPIOS	
	es who handle, have custody	of, maintain records of or hav	ve access to money, securities
or other property owned by			
Insuring Agreements 3 and			
(a) Indicate the number of lo(b) Indicate the number of o			
(c) Do guards accompany e			Yes □ No □
(d) Are your premises secur			Yes 🗌 No 🗍
(e) Are your premises secur Please provide details:	red by an alarm system?		Yes No
(f) Is a safe used at all loca Please provide details:	tions?		Yes No
		sical protection (private conve	eyance, messenger bags, safe



Surety & Fidelity Bond Department PO Box 5900 Madison WI 53701

APPLICATION FOR A CRIME PROTECTION POLICY FOR MERCANTILE ENTITIES

Named Insured:	/Dloose li	st all insured's, including Emplo	woo Ponofit Plans)				
Principal Address:	(Flease II	st all insured s, including Emplo	yee benefit Flans)				
City, State, Zip							
Policy Coverage offered:	Crime Protection Policy for Mercantile Entities, Loss Sustained Form						
Primary, excess, contributing	with:						
INSURIN	NG AGREEMENTS, LIMIT	S OF INSURANCE AND DEDU	JCTIBLES				
INSURING AGREEMENT		Limit of Insurance	Deductible Amount				
1. Employee Dishonesty		\$	\$				
Forgery or Alteration		\$	\$				
Inside the Premises		\$	\$				
4. Outside the Premises		\$	\$				
5. Computer Fraud	('' D O	\$	\$				
Money Orders and Counted Insuring Agreements ad	•	\$	\$				
7. Loss of Clients' Property	-	\$	\$				
8. Funds Transfer Fraud (SE	00 41)	\$	2				
Fraudulently Induced Trans	,	\$	<u>\$</u>				
10. FRISA Dishonesty Covera	age (SF 01 71)	\$	<u>\$</u>				
(b) Date your business was (c) Classify your predominan Manufacturer (d) Describe the products or	R ORGANIZATION appropriate box): Partnership	aler 🗌 Distributor 🗌 Ret	ailer				
2. RATING DATA FOR INS Insuring Agreements 1, 2 Classification of Employee Insuring Agreement 7 List the number of employee or other property owned by Insuring Agreements 3 an (a) Indicate the number of I (b) Indicate the number of I (c) Do guards accompany (d) Are your premises secu	and 5 s: #of Officers ees who handle, have cust your clients. d 4 ocations outside messengers each messenger?	# of Empleted with the second of the second	oyees ave access to money, securities Yes				

If "Yes", (b) Name an	how often (check to address of perso	public accountant, i he appropriate box) on performing audit:	: Quart		Semi-Annu		☐ No ☐ Annually
(d) Is the aud <u>If "</u> No", ir		vith generally accept of services (check th			tified?	Yes Yes ompila	☐ No ☐ No ation
		tly to the Owner, Pa Judit of: Cash and A		s?	Inventory	Yes	☐ No
(g) Were any	y discrepancies or	loose practices com ne auditor's commer	mented upon in t	he audit?		Yes	☐ No
(h) Is there		y an Internal Audit D		the control of ar	n employee w	ho is a Yes	a Certified
		ndered directly to the	e Owner, Partners	or Directors?		Yes	☐ No
* If co	overage desired	is at \$250,000 pl	ease submit a	copy of the ar	nnual financ	ial re	port
	L CONTROLS ik accounts recond	siled monthly?				Yes	□No
	k accounts recond	ciled by someone no	t authorized to de	posit or withdra	w? 📙	Yes	☐ No
	ersignature of all owners and what amount?	•				Yes	☐ No
(d) Do you	have (use) funds t	ransfer transactions		s, ACH, EFT, etc.)?	Yes	☐ No
Are the	y reconciled by so upporting docume	meone not authorize ntation accompany	ed to approve, initi		em?	Yes Yes	☐ No ☐ No
(f) Do you r	maintain a list of a					Yes	☐ No
		ne joint control of two red to take at least 1			ion?	Yes Yes	∐ No □ No
		res for new employe					
		been declined or ca	anceled during the	e past three yea	rs?] Yes	Ne Ne
			(Check here if no	ne 🗌		
(b) Prior ins	surance to be supe	erseded					
(b) Prior ins	Discovery or Loss Sustaine	Effective	Expiration Date	Limit o			of Insurance
Policy	Discovery or	Effective	Expiration	_			
Policy Number 6. PRIOR LC (a) List bel	Discovery or Loss Sustaine PSSES ow all losses sus an Insuring Agree	Effective	Expiration Date ast three years the state of the state o	Insuran	d by a loss t	Co	ompany ould have beer
Policy Number 6. PRIOR LO (a) List bel covered by Check her	Discovery or Loss Sustaine PSSES ow all losses sus an Insuring Agree	tained during the pement you are now a	Expiration Date ast three years that applying for. Plea	nat were cause se list all losses	d by a loss to, whether rein	hat we nburse	ould have beer ed or not.
Policy Number 6. PRIOR LO (a) List bel covered by Check her	Discovery or Loss Sustaine DISSES Ow all losses sus or an Insuring Agree e if none	tained during the pement you are now a	Expiration Date ast three years that applying for. Plea	nat were cause se list all losses	d by a loss t	hat we nburse	ompany ould have beer ed or not.
Policy Number 6. PRIOR LC (a) List bel covered by Check her Date of Loss	Discovery or Loss Sustaine PSSES Ow all losses sus or an Insuring Agree e if none Type of loss	tained during the pement you are now a	ed Amount Recorded Other than	Insuran nat were cause se list all losses covered from n Insurance	d by a loss to whether rein Loss Pend	hat we nburse	ould have beer ed or not.
Policy Number 6. PRIOR LC (a) List bel covered by Check her Date of Loss	Discovery or Loss Sustaine PSSES Ow all losses sus or an Insuring Agree e if none Type of loss	tained during the pement you are now a	ed Amount Recorded Other than	Insuran nat were cause se list all losses covered from n Insurance	d by a loss to whether rein Loss Pend	hat we nburse	ould have beer ed or not.
Policy Number 6. PRIOR LC (a) List bel covered by Check her Date of Loss * If more the	Discovery or Loss Sustaine PSSES Ow all losses sus or an Insuring Agree e if none Type of loss	tained during the pement you are now a	ed Amount Recorded Other than	Insuran nat were cause se list all losses covered from n Insurance	d by a loss to whether rein Loss Pend	hat we nburse	ould have beer ed or not.
Policy Number 6. PRIOR LC (a) List bel covered by Check her Date of Loss * If more the	Discovery or Loss Sustaine OSSES OW all losses sus an Insuring Agree e if none Type of loss an 2 losses, pleas	tained during the pement you are now a see attach a separate	Expiration Date ast three years the applying for. Pleased Amount Received Other than the sheet with full Night	Insuran nat were cause se list all losses covered from n Insurance	d by a loss to whether rein Amount of Loss Pend ined above.	hat we neuron of ing	ould have beer ed or not.

` '	used at all locations rovide details:	; ?			,	Yes		No	
(g) What other		peen taken to provid	de physical protection	on (private co	nveyand	e, mess	enger	bags, s	safe
3. AUDIT PR	OCEDURES								
(a) Is there a	n audit by a CPA, p	oublic accountant, ir	ndependent of your	organization?		☐ Yeel	es [No	
	•	e appropriate box):	Quarterly	/ 🗆	Semi-	-Annuall	y [Annı	ually
(b) Name and	d address of persor	n performing audit:							
(c) Are all loc	cations audited?					Y	es	No	
Ì If "No", ir ☐ Othe	ndicate the scope of r, Explain	f services (check the		ds and so ceri		Cor	es [npilatio		
		ly to the Owner, Par				Y	es 🗌	No	
` '	•	udit of: Cash and A			Inver	ntory _			
(g) Were any	discrepancies or k	oose practices com	mented upon in the	audit?	_	□ Ye	es [No	
If "Yes", s	submit a copy of the	e auditor's comment	ts.						
(h) Is there a	an internal audit by	an Internal Audit Do	epartment under the	e control of an	employ	ee who	is a C	ertified	
	ccountant or equival		•				es [No	
	· ·		Owner, Partners or	Directors?			es 🗀	No	
			ease submit a co		nual fi				
4. INTERNAL	•			•			=		
	k accounts reconcil	led monthly?					Yes	☐ No	1
` '			authorized to depo	sit or withdray	v?		res		
If "No",		ou by contoons has	dunionzoa to depo	olt or williams.	٧.	ш.	00	□	,
	ersignature of all ch	nacks required?				\neg	Yes	□ No	<u> </u>
٠,	what amount? \$	iecks required:				<u></u> .	63		,
		onefer transactions	(i.e. Wire Transfers, A	NOU EET Atc.)			Yes	☐ No	_
		ds transfer transacti							,
Are they	reconciled by som	eone not authorize	d to approve, initiate	e or handle th	em?		Yes .	☐ No)
(e) Does su If "No", o	• •	tation accompany a	all checks to be sign	ed?			Yes .	□ No)
(f) Do you n	naintain a list of app	proved vendors?					Yes	☐ No)
` '			or more employees	s?			Yes	☐ No)
			or 2 consecutive w		on?		Yes	☐ No	
` '		es for new employe			-	_		_	
answer If "Yes".		Yes 1	anceled during the pala No. Che	ast three year	`_	Lapplic	ants D	ONOT	[
Dolloy	Discovery or	Effective	Evairation	l imit c	.£	Man	an of h	nsuran	
Policy Number	Discovery or Loss Sustained	Effective Date	Expiration Date	Limit o Insuran		Nan	ne ot ir Comp		ce
Number	LU33 Gustanica	Date	Date	II IƏUI U. I	CE		COM	larry	
	low all losses susta an Insuring Agreer		ast three years tha applying for. Please						; beer
Date of	Type of loss	Amount Recovere	ed Amount Reco	vered from	Amo	ount of		ocatio	n of
Loss	. , , , , , , , , , , , , , , , , , , ,	From Insurance	Other than I		_	Pending		Loss	-
							-		
* If more tha	an 2 losses please	attach a senarate	sheet with full de	tails as outli	ned abo)Ve			

8. COVERAGE AMENDMENTS

		any of your appointed Age ice in connection with the or			
<u> </u>	Names, Addresses of e	each Agent:		f Service vided:	Limit of Insurance
_				\$ \$_	
If in (1) (i	nclude or are limited ssued to you or any en		ge cards	No. of Cardholders	\$
					\$ \$ \$
			iod, indicate:	\$	Specified Period
(b)	If a decreased limit is and a custodian is no If a reduced limit is defined as a contract of the second sec	4 (Outside the Premises) 5 desired while the business 6 t on duty, indicate Overnigh 6 esired for designated premis 7 nicle companies, complete the	it Limit ses, messenger	\$ \$ S	
Addr	ess of Premises	Names of Messengers		Armored Motor Companies	Limit of Insurance
Insured al informatior knowledge	ways performed their n, which in the judgm	READ CAREFUL ave all, to the best of the respective duties honestly ent of the Insured indicate for the Insured may now hat the Insured.	Insured's knowl . There has n es that any of	ever come to its the said employe	notice or knowledge any es are dishonest. Such
ANY PERO	TIT OR KNOWINGLY F	LY PRESENTS A FALSE OF PRESENTS FALSE INFORM BE SUBJECT TO FINES A	MATION IN AN	APPLICATION FO	D INCLIDANCE IC
Cigned at:			Insured		
This	Day of	, 20	. By:		
SUBMITT	NG AGENCY'S INFO	RMATION	(Signat	ure) Officer or Dire	ector (Title)
Contact N	ame:		Phone	number:	
Ma:::: A	44				

7. GENERAL INFORMATION

Business Hours	Average # of Employees on Duty	Frequency of Deposits	Night Depository Used?	Annual Gross Sales or Receipts for Last fiscal year.	Other Information

8. COVERAGE AMENDMENTS

(a) Insuring Agreement 1

_ _ _	Names, Addresses of each Agent:	Type of Soprovide	ed:	<u>!</u> 	Limit of Insurance	
If in (1) (i	asurance is desired, complete the following: Credit, Debit or Charge Card Instruments: Covered Instruments (check the appropriate box): include ☐ or are limited to ☐ Credit, debit or charge cards Issued to you or any employee for business purposes Personal Accounts of your officers or partners: Name(s)	No. of Cardhold ards				
	Insuring Agreement 3 (<i>Inside the Premises</i>) Insuring Agreement 4 (<i>Outside the Premises</i>)		nit of Insuran	<u>e</u>	Specified Period	

Address of Premises	Names of Messengers	Names of Armored Motor Vehicle Companies	Limit of Insurance
	_	-	

READ CAREFULLY AND SIGN

The employees of the Insured have all, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information, which in the judgment of the Insured indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the Insured may now have in respect to his own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT:

APPLICABLE IN: AL. AR. DC. LA. MD. NM. RLAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison *Applies in MD only

APPLICABLE IN: CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil clamages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICARIE IN FLAND OK

Any person who knowingly and with intent to injure defraud or deceive any insurer files a statement of claim or an application containing any false incomplete or misleading information is guilty of a felony (of the third degree)* *Applies in FL only

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning any fact material thereto; or conceals, for the purpose of misleading information concerning.

APPLICABLE IN: KY, NY, OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME TN VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN: N.I

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:			Insured:		
This	Day of	<u>Bv</u>	(Signature)		
			(Print Name)		
			,		
SUBMITTING	AGENCY'S INFORI	<u>MATION</u>			
Contact Name			Phone Numbe	er.	
Mailing Addres	<u>.s.</u>				



APPLICATION FOR A CRIME PROTECTION POLICY FOR PUBLIC ENTITIES

Named Insured:		
Principal Address:		
Policy Coverage offered: Crime Protection Po	olicy for Public Entities, Loss Sustained form	
This policy will be Primary \square Excess \square	If EXCESS, enter Primary Policy # and carrier:	
INSURING AGRE	EMENTS, LIMITS OF INSURANCE AND DEDUC	CTIBLES
INSURING AGREEMENTS	Limit of Insurance	Deductible Amount
1. Employee Dishonesty	\$	\$
Per Employee (Up to \$25,000)	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper	Currency \$	\$
Insuring Agreements added by Endorsem	nent	
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$
to become effective or to be continued as	of 12:01 a.m. on	to 12:01 a.m. on
Premium is payable: Annually		
if this insurance indemnifies an Obligee of	ther than the Named Insured, list below the Oblig	jee name and address:
Township ☐ Village ☐ Borough ☐ (ON: nment of the (check the appropriate box): State ☐, Other Political Subdivision ☐ lool System?	
title known, are excluded fr	 be individually bonded and treasurers or to com coverage under Insuring Agreement 1. the number total number of all your employees 	•
(b) If Faithful Performance of Duty Cover	rage is desired, enter the number of your Patrolme	en/Women:
(c) If Agreement 7 is desired, please pr	ovide the number of employees who handle, hav	e custody of, maintain
records of, or have access to, money,	, securities or other property owned by your clie	ents
3. RATING DATA FOR INSURING AGREE	MENTS 3 AND 4	
(a) Indicate the number of locations		
(b) Indicate the number of outside messe		
(c) Do guards accompany each messen		
(d) Are your premises secured by watchp		
	rm system?Yes \(\) No \(\) If Yes, provide details	
	☐ No ☐ If yes, provide details	
	en to provide physical protection (private conveya	ance messender hads safe
alarms, etc.)?	on to provide physical protection (private conveys	ando, mossonger bays, sale



Surety & Fidelity Rond Department, PO Rox 5900, Madison, WI 53701

APPLICATION FOR A CRIME PROTECTION POLICY FOR PUBLIC ENTITIES

Named	l Insured:		
Princip	pal Address:		
Policy (Coverage offered: Crime Protection Policy for Public Entities	, Loss Sustained form	
This p	olicy will be Primary \square Excess \square If EXCESS, enter Pr	imary Policy # and carrier:	
	INSURING AGREEMENTS, LI	MITS OF INSURANCE AND DEDUCTI	BLES
INSUR	ING AGREEMENTS	Limit of Insurance	Deductible Amount
1.	Employee Dishonesty	\$	\$
	Per Employee (Up to \$25,000)	\$	\$
2.	Forgery or Alteration	\$	\$
3.	Inside the Premises	\$	\$
4.	Outside the Premises	\$	\$
5.	Computer Fraud	\$	\$
6.	Money Orders and Counterfeit Paper Currency	\$	\$
	Insuring Agreements added by Endorsement		
7.	Loss of Clients' Property (SF 00 48 FFN 004)	2	\$
8_	Funds Transfer Fraud (SF 00 41)	2	2
9_	Fraudulently Induced Transfers (SF 01 67)	<u>\$</u>	<u>\$</u>
10	FRISA Dishonesty Coverage (SF 01 71)	\$	\$
	ESCRIPTION OF YOUR ORGANIZATION:		
(a)) Is your organization a part of the government of the (or Township ☐, Village ☐, Borough ☐, Other Political Subc	check the appropriate box): State \Box ,	County □, City □, Town □
(b)) Is insurance being provided for a School <u>System?</u>	VISIOI	Yes 🗌 No 🗌
2. R	ATING DATA FOR COVERAGE FORMS 1, 2, 5 AND 7 Note: Persons required by law to be individually	bonded and treasurers or tax collec	tors by whatever title known.
	are excluded from coverage under Insuring		nere by midle ren into interior,
(a)	Classification of Employees: Enter the number total nun to be individually bonded):	nber of all your employees (excluding	those that are required by law
(b)	If Faithful Performance of Duty Coverage is desired, enter	the number of your Patrolmen/Women:	
(c)	If Agreement 7 is desired, please provide the number of	employees who handle, have custody of	, maintain
	records of, or have access to, money, securities or other pr	operty owned by your clients	
3. RA	TING DATA FOR INSURING AGREEMENTS 3 AND 4		
(a)	Indicate the number of locations		
(b)			
(c)	Do guards accompany each messenger? Yes 🗌 No		
(d)	Are your premises secured by watchpersons?	es 🗌 No 🗌	
(e)	Are your premises secured by an alarm system?	es 🗌 No 🗌 If Yes, provide details	<u> </u>
(f)	Is a safe used at all locations? Yes \square No \square If ye	s, provide details	
(g)	What other measures have been taken to provide physic	al protection (private conveyance, mess	senger bags, safe alarms, etc.)?

4. AUDIT PROCEDURES:

(a)	Is there an audi Yes ☐ No ☐	t by a CPA, p	ublic acc	ountant or e	equiv	valent, indepe	∍nde	ent of your or	ganization	1?
	If "Yes," how of	ten (check the	approp	riate box):	Qui	arterly □,	Sen	ni-Annually [], Anı	nually 🗌
(b)	Name and Add									
(c)	Are all locations									
(d)	Is the audit mad If "No," explain					_				
(e)	Is the audit repo									
(f)	If "Yes," to who									
(t) (g)										
(9)	If "Yes," submit a copy of the audit and auditor's comments.									
(h)		ant or equivale	nt?							Yes 🗌 No 🗌
	If "Yes," to who	m are the repo	orts rend	lered?						
	ERNAL CONTR	•				•				
	Are bank accou									
` '	Are bank accou		•			•				
(c)	If "No," explain: Is countersigna	turn of chacks		40						Voc II No II
(6)	If "No," explain:		-							res 🗀 No 🗀
	II INO, С лріані.									
(d)	Does supporting If "No," explain:	_				_				′es ☐ No ☐
(e)	Are securities s	whiert to joint	control (of two or mo	ore re	esnonsihle er	mnlc			as No N
(0)	If "No," explain:					-	-	-		es [] 140 []
(f)	Explain your sc									
(1)	Explain your so		uuies io	THEW CHIPK		,5 <u> </u>				
6 PRI	OR INSURANCE									
-	Has any similar		en declir	ned or canc	ellec	d during the p	ast	three years?		Yes □No □
· · ·	If "Yes," explain							=		
(b)	Prior insurance	to be superse							Check if n	one 🗌
		Policy forr		Effective	,	Expiration		Limit of		Name of
	Policy Number		•	Date	,	Date	I	Insurance	Insur	ance Company
		Loss Sust	ainea?		+		\$, -
7 DD1	OR LOSSES:			<u> </u>					L	
		osses sustain	ad durin	o the past t	three	e vears that v	were	- cansed by.	employer	e dishonesty, forgery
(α,										Please list all losses
	whether reimbu									
	Date of	Type of	Am	ount of	_	Amount		Amount Re		Amount of Loss
	Loss	Loss		_OSS	Re	ecovered fron Insurance	n	from othe Insura		Pending
			\$		\$			\$	TICC	\$
			Š		\$			\$		\$

NOTE: If more than 2 losses, please attach a separate sheet describing the loss details.

I. AU I (a)	DIT PROCEDURES Is there an audit by		accountai	nt or equivale	ent, independent o	of your	organization?		
()	Yes 🗆 No 🗆	<i>,</i> 1		'	, ,	,	J		
	If "Yes," how often (check the app	ropriate b	ox):	Quarterly ,	Sem	ni-Annually □,	Ann	ually□
(b)	Name and Address	of person or fi	rm perfori	•	-		•		•
	Are all locations aud								Yes ☐ No ☐
(d)	Is the audit made in	accordance w	ith gener	ally accepted	dauditing standar	ds and	so certified? Y	′es 🗌 No [
	If "No," explain the s	scope of the au	ıdit						
(e)									
	If "Yes," to whom a								
(f)	Date of completion	of last audit							
(g)	Were any discrepa					n in the	audit?		Yes □ No □
(h)	public accountant of	r <u>equivalent?</u>		•					
	If "Yes," to whom a	e the reports r	endered?						
. INTE	ERNAL CONTROLS	(OTHER THA	N AUDIT	PROCEDU	RES):				
	Are bank accounts reconciled monthly?								
(b)	Are bank accounts	reconciled by s	someone	not authorize	ed to deposit or w	ithdraw	?		Yes ☐ No ☐
, ,	If "No," explain: Is countersignature								·
(c)									Yes □ No □
	If "No," explain:								
(d)	Does supporting do		•	-	•				Yes 🗌 No 🗌
(e)	Are securities subjeted if "No," explain:								Yes 🗌 No 🗌
(f)	Explain your screer	ning procedure	s for new	employees _					
DDIC	DD INCUDANCE.								
_	OR INSURANCE:		10 1				-0 (110!	DO N	OT
(a)	Has any similar instance (mestion)		eciinea or	cancelled at	uring the past thre	ee year	8. (MO applic	ants DO N	OT answer this
	• •								
	If "Yes," explain								
(b)	Prior insurance to b	e superseded						_Check if r	none 🗌
	Policy Number	Policy form Discove	ry?	Effective Date	Expiration Date		Limit of Insurance	lnsu	Name of ance Company
		Loss Susta	all leu :			_	+		
	-	Loss Susta	all led !			\$			
PRIC	DR LOSSES:	Loss Susta	all led :			\$			
	DR LOSSES: List below all losses securities on or of Check if n	s sustained du	uring the p	ast three ye ter fraud or	ars that were cal	used by	y: employee dis Please list all lo	shonesty, foosses, whe	rgery, theft of mon ther reimbursed or
_	List below all losses securities on or of	s sustained du	uring the p	ast three ye ter fraud or	ars that were can	used by	Please list all lo	osses, whe	rgery, theft of mon ther reimbursed or
_	List below all losses securities on or of	s sustained du	uring the p	east three yeter fraud or ount of oss	ars that were can counterfeit curre Amount Recov from Insuran	used by	y: employee dis Please list all lo Amount Red from other Insuran	covered r than	rgery, theft of mon ther reimbursed or Amount of Loss Pending
_	List below all losses securities on or of Check if n	s sustained du f the premises one Type of	uring the p	ter fraud or	counterfeit curre	used by	Please list all lo Amount Rec from other	covered r than	ther reimbursed or Amount of Loss

8. COVERAGE AMENDMENTS (ENDORSEMENTS) INSURING AGREEMENT 1

udgment of the Insured indicated the inowledge that any official or office personal acts or conduct, unknown to conduct at (Insured)	r signing for the the Insured, is	e Insured may not imputable to	the Insured.	, , , , , , , , , , , , , , , , , , ,	
udgment of the Insured indicated the inowledge that any official or office personal acts or conduct, unknown to be attended at	r signing for the the Insured, is	e Insured may not imputable to	o the Insured.		
udgment of the Insured indicated the inowledge that any official or office personal acts or conduct, unknown to	r signing for the the Insured, is	e Insured may not imputable to	the Insured.	·	
udgment of the Insured indicated the nowledge that any official or office	signing for the	e Insured may		respect to his c	
	at any ot the e	aia viiiviaia/VIII			
he best of the Insured's knowledge espective duties honestly. There ha	s never come to	o its notice or l	knowledge an	y information w	hich in
The present officials/officers and emp					
	Insurance	Insurance	Vehicles		
	Agreement 3 Limit of	Agreement 4 Limit of	Armored Motor	Messengers	
If schedule coverage is desired, Address of Premises	Insuring	owing: <i>(or attach</i>	Number of	Number of):
b) Schedule Coverage	nominate the fill			4 magua la4!	١.
2) If a decreased limit is desired whi	le the business is	closed and a cu	stodian is not o	on duty, indicate:	\$
Insuring Agreement 3 \$ Insuring Agreement 4 \$					
	<u>Insurance</u>	Start Date:	End Date:		
Inc	reased Limit	Specified Per	riod (mm/dd/yy)		
a) Peak Season:1) If an increased limit is desired for	a specified perio	d, indicate:			
NSURING AGREEMENT 3 and 4:					
* If more than two agents, attach a	separate sheet	to provide the C	<u>ietaiis.</u>		
*16		(<u> </u>		
	<u>s:</u>		<u>Lim</u> \$	it of Insurance	
Capacity in Which Each Agent Serve					
corporations while performing any accomplete the following: Capacity in Which Each Agent Serve		Johneedon with	uie olulliary It	inction of your of	yanıza

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS CUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

8. COVERAGE AMENDMENTS (ENDORSEMENTS)

INSURING AGREEMENT 1

(a) Agents C	Coverage:
--------------	-----------

Capacity in Which Each Agent Se	erves:		<u>Limit of Insurance</u> \$
			\$
* If more than two agents, attac	h a separate sheet to pro	ovide the details.	
URING AGREEMENT 3 and 4:			
Peak Season:			
1) If an increased limit is desired	for a specified period, indic	cate:	
	Increased Limit Spe	,	33,
	Of Insurance	Start Date:	End Date:
Insuring Agreement 3	\$		
Insuring Agreement 4	\$		
2) If a decreased limit is desired v	while the business is close	d and a custodian is	s not on duty, indicate: \$

Address of Premises	Insuring Agreement 3 Limit of Insurance	Insuring Agreement 4 Limit of Insurance	Number of Armored Motor Vehicles	Number of Messengers

The present officials/officers and employees of the Insured, in the positions held, as shown herein, have, to the best of the Insured's knowledge and belief, while in the service of the Insured always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the Insured indicated that any of the said officials/officers or employees are dishonest. Such knowledge that any official or officer signing for the Insured may now have in respect to his or her own personal acts or conduct, unknown to the Insured, is not imputable to the Insured.

FRAUD STATEMENT:

APPLICABLE IN: AL. AR. DC. LA. MD. NM. RLAND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison *Applies in MD only

APPLICABLE IN: CO

It is unlawful to knowingly provide false incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN: FL AND OK

Any person who knowingly and with intent to injure defraud or deceive any insurer files a statement of claim or an application containing any false incomplete or misleading information is quilty of a felony (of the third degree)* *Applies in FL only

APPLICABLE IN: KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance, which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

APPLICARI F IN: KY NY OH AND PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN: ME. TN. VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in MF only.

APPLICABLE IN: N.I

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN: OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN: VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:				Insured:		
This	Day of _	•	<u>By:</u>	(Signature)	(Title)	
				(Print Name)		
SUBMITTIN	NG AGENCY'S I	NEORMATION				
Contact Nar	me:			Phone Numbe	<u></u>	
Mailing Addr	.55 6 .					